
BUILDING A WORKFORCE COMPETENCY-BASED TRAINING PROGRAM IN INFANT/EARLY CHILDHOOD MENTAL HEALTH

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ABSTRACT: This article describes findings from a project conducted in Western Australia (Mental Health Commission WA, 2015) that investigated the education and training needs of the Infant/Early Childhood Mental Health (I/ECMH) workforce. We examined international training programs and models of delivery in infant mental health, including a review of the current training available in Australia. Data collected from over 60 interviews were analyzed, and a staged delivery model for I/ECMH training and supervision that aligned with the Michigan Association for Infant Mental Health (2014) Competency Guidelines was recommended. These findings led to the purchase of the Michigan Association for Infant Mental Health (2014) for use in Western Australia. In a very short time, use of the Michigan Competency Framework by the Australian Association for Infant Mental Health West Australian Branch Incorporated has begun to change the training and education opportunities for upskilling the infant and early childhood workforce in Western Australia. It has resulted in a map to guide and develop training in the I/ECMH field for individual practitioners and professionals as well as for workplaces that will ultimately benefit Western Australian infants, young children, and their families during the perinatal period and in the early years.

Keywords: infant mental health, early childhood, workforce, training, education

RESUMEN: Este artículo describe los resultados de un proyecto llevado a cabo en el oeste de Australia (Comisión de Salud Mental, WA, 2015) que investigó la educación y necesidades de entrenamiento de la fuerza laboral de I-ECMH (Salud Mental del Infante y la Temprana Niñez). Examinamos programas de entrenamiento internacional y modelos prácticos en la Salud Mental Infantil, incluyendo una revisión del entrenamiento disponible actualmente en Australia. La información recogida en más de 60 entrevistas se analizó se recomendó un modelo de uso puesto en práctica para el entrenamiento y la supervisión de I-ECMH paralelo con los Lineamientos de Competencia de la Asociación de Salud Mental Infantil de Michigan (Asociación de Salud Mental Infantil de Michigan, 2002) para ser usado en el oeste de Australia. En muy poco tiempo, el uso de Marco de Trabajo de Competencia de Michigan de AAIMHI WA ha comenzado a cambiar las oportunidades de entrenamiento y educación para mejorar las habilidades de la fuerza laboral en el campo de la infancia y la temprana niñez en el oeste de Australia. Esto ha resultado en un mapa para guiar y desarrollar el entrenamiento en el campo de I-ECMH para técnicos prácticos y profesionales individuales, así como también para los lugares de trabajo que en última instancia beneficiarán los infantes del oeste de Australia, los niños pequeños y sus familias durante el período perinatal y en los primeros años.

Palabras claves: salud mental infantil, temprana niñez, fuerza laboral, entrenamiento, educación

RÉSUMÉ: Cet article décrit les résultats d'un projet mené en Australie de l'Ouest (Mental Health Commission WA, 2015) qui s'est penché sur l'éducation et les besoins de formation de la force de travail I-ECMH (Infant-Early Childhood Mental Health, soit en français Santé Mentale du Nourrisson-Petit Enfant). Nous avons examiné les programmes de formation à l'étranger et les différents modèles d'application en Santé Mentale du Nourrisson, y

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compris en passant en revue la formation actuelle qui se fait en Australie. Les données rassemblées à partir de 60 entretiens ont été analysées et un modèle d'application de formation et de supervision I-ECMH conforme aux directives de l'association américaine du Michigan Michigan Association for Infant Mental Health Competency Guidelines® (Michigan Association for Infant Mental Health, 2002) a été recommandée. Ces résultats ont amené à l'achat de la structure de compétence du Michigan appelée Michigan Competency Framework, par l'AAIMHI WA qui a ainsi commencé à changer et mettre à jour la formation et l'éducation de la force de travail liée aux nourrissons et à la petite enfance en Australie de l'Ouest. Cet effort a résulté en une carte destinée à guider et à développer la formation dans le domaine de l'I-ECMH pour les professionnels ainsi que pour les lieux de travail, ce qui sera bénéfique à la fois aux nourrissons et aux jeunes enfants de l'ouest de l'Australie, ainsi qu'à leurs familles durant la période périnatale et les premières années.

Mots clés: santé mentale du nourrisson, petite enfance, force de travail, formation, éducation

ZUSAMMENFASSUNG: Dieser Artikel beschreibt die Erkenntnisse aus einem Projekt, das in Westaustralien (Mental Health Kommission WA, 2015) durchgeführt wurde und den Bildungs- und Ausbildungsbedarf der I-ECMH-Mitarbeiter (Infant-Early Childhood Mental Health) untersucht. Wir untersuchten internationale Ausbildungsprogramme und Dienstleistungsmodelle bezogen auf die seelische Gesundheit in der frühen Kindheit, einschließlich der Überprüfung der derzeitigen Ausbildung in Australien. Aus über 60 Interviews gesammelte Daten wurden analysiert und ein gestuftes Dienstleistungsmodell wurde für die I-ECMH-Ausbildung und Supervision, ausgerichtet nach den Michigan Association for Infant Mental Health Competency Guidelines® (Michigan Association for Infant Mental Health, 2002), empfohlen. Diese Ergebnisse führten zum Kauf der Michigan Association for Infant Mental Health Kompetenz Guidelines® (Michigan Association for Infant Mental Health, 2002) für den Einsatz in Westaustralien. Innerhalb sehr kurzer Zeit, hat die Verwendung des Michigan Kompetenzrahmens von AAIMHI WA begonnen, die Aus- und Weiterbildungsmöglichkeiten für eine Höherqualifizierung der I-ECMH-Mitarbeiter in Westaustralien zu verändern. Als Resultat entstand ein Plan zur Anleitung und Entwicklung einer Ausbildung sowohl für einzelne Praktiker und Fachleute sowie für Mitarbeiter im I-ECMH-Bereich, von dem letztendlich Säuglinge, Kleinkinder und ihre Familien in Westaustralien während der Perinatalperiode und in den ersten Lebensjahren profitieren.

Keywords: seelische Gesundheit von Säuglingen, frühe Kindheit, Mitarbeiter, Ausbildung, Bildung

抄録: この論文は、I-ECMH (乳児早期児童期メンタルヘルス Infant-Early Childhood Mental Health)労働者の教育と訓練の需要を調査した西オーストラリアで行われたプロジェクト(Mental Health Commission WA, 2015)からの所見を記述する。私たちは乳幼児精神保健における国際的な訓練プログラムと配信のモデルを調査した。それには現在オーストラリアで利用可能な訓練のレビューも含まれている。60以上の面接から集められたデータが分析され、ミシガン乳幼児精神保健学会Competency Guidelines® (Michigan Association for Infant Mental Health, 2002)に合わせた、段階的に配信する乳幼児精神保健の訓練とスーパービジョンモデルが推奨された。これらの所見から、西オーストラリアでは、ミシガン乳幼児精神保健学会Competency Guidelines® (Michigan Association for Infant Mental Health, 2002)を購入することになった。非常に短期間の内に、AAIMHI WAによるMichigan Competency Frameworkの利用は、西オーストラリアにおいて乳児と早期児童期の労働者のスキルを向上させる訓練と教育の機会を変化させた。それは、乳児と早期児童期精神保健の分野における個々の臨床と専門家のための、そして同時に働く場所のための、訓練を導き発展させるためのマップになった。それは最終的には西オーストラリアの周産期と最初の数年の間の乳児、幼児、および家族に利益をもたらすだろう。

キーワード: 乳幼児精神保健, 早期児童期, 労働力, 訓練, 教育

摘要: 本文描述一項西澳大利亞研究結果(華盛頓精神健康委員會, 2015年), 研究調查了I-ECMH(嬰兒-幼兒心理健康)員工的教育和培訓需求。我們探討幼兒心理健康的國際培訓方案和交付模式, 包括審查目前在澳大利亞的培訓。我們分析了從60多個訪問收集到的數據, 並建議一個與密歇根幼兒心理健康能力指引配合的分階段傳遞模式I-CMH的培訓和指導(密歇根幼兒心理健康協會, 2002年)。這些發現導致西澳大利亞購買並使用密歇根幼兒心理健康協會能力指引(密歇根協會幼兒心理健康, 2002年)。在很短的時間裏, AAIMHI WA 使用密歇根能力框架, 已經開始改變培訓和教育機會, 提高在西澳大利亞嬰兒與幼兒員工的技能。這導致了一個圖表, 以指導和開展培訓在I-ECMH的個體從業者及專業人士, 以及工作場所, 最終有利於西澳大利亞嬰兒, 幼兒和他們在圍產期及早期的家庭成員。

關鍵詞: 幼兒心理健康, 幼兒期, 勞動員工, 培訓, 教育

ملخص: تناقش هذه المقالة نتائج مشروع تم إجراءه في غرب استراليا في هيئة الصحة العقلية 2015 والذي تناول الاحتياجات التعليمية والتدريبية لطاقم العمل في هيئة الصحة العقلية للرضع والطفولة المبكرة. وقامت الدراسة بتقييم برامج التدريب الدولي والنماذج المتاحة في هيئة الصحة العقلية بما في ذلك تقييم التدريب المتاح حاليا في استراليا. تم تجميع البيانات من خلال 60 مقابلة شخصية ونموذج تدريب متدرج يتوافق مع مؤسسة ميشيغان للصحة العقلية 2002 حيث تم التوصية بشراء إرشادات كفاءة الصحة العقلية لمؤسسة ميشيغان 2002 وذلك لاستخدامه في غرب استراليا. وقد ظهر أثر التدريب بشكل إيجابي في تطوير مهارات التعامل مع الأطفال في غرب استراليا. وقد نشأ عن ذلك خريطة متكاملة لتطوير وتوجيه التدريب في مجال الصحة العقلية للرضع والطفولة المبكرة عند المتخصصين والمهنيين وكذلك بالنسبة لأماكن العمل التي تخدم أطفال غرب استراليا وعائلاتهم خلال فترة قبيل الولادة وفي السنوات الأولى بعد الولادة.

كلمات مفتاحية: الصحة العقلية للرضع - الطفولة المبكرة - القوى العاملة - التدريب - التعليم

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There is a growing global awareness of the importance of upskilling those working with infants, young children, and their families. In this article, we present findings from a project in Western Australia that aims to further develop the knowledge base of the infant/early childhood mental health (I/ECMH) workforce across the prevention/treatment spectrum (Mental Health Commission WA, 2015). Based on evidence to date, this project already has altered the local landscape and is contributing new impetus to national and international conversations about building workforce capacity for the field.

Globally, the I/ECMH workforce is comprised of a diverse range of disciplines that play a role in supporting the socioemotional well-being of infants, young children, and their families. However, I/ECMH workers are often fluid within organizations and cross traditional siloed departments. Services range from fostering healthy development and early attachment relationships to intervening with significant clinical disturbances in the infant-caregiver relationship. Early relationship disturbances or mental health disorders in infancy and early childhood are often first identified in primary healthcare, child protection, community-based interventions, parenting programs, and early learning centers rather than in tertiary mental health services. Typically, these settings are not organized around provision of mental health services (Huang, Macbeth, Dodge, & Jacobstein, 2004). As a result, identifying the I/ECMH workforce is difficult. It is “not clearly defined by professional discipline, service settings, or traditional academic training programs” (Huang et al., 2004, p. 168).

In conjunction, internationally, there is awareness that education and training for the I/ECMH workforce face considerable challenges. They must keep pace with the rapid expansion of knowledge in the field, changing population needs, and changing awareness of the importance of encouraging a workforce shift in practice to one of collaborative partnerships with families and other professionals and agencies to provide knowledge, skills, and values that fit this purpose.

For many years the IMH [infant mental health] field has recognised the need for training within a multidisciplinary perspective to enable service provision across the promotion, prevention, treatment spectrum. Numerous references have described major areas of training needs and the importance of considering the integration of IMH principles and practices across many professions and providers (Fraiberg, 1994; Shahmoon-Shanok, 2005; Shirilla & Weatherston, 2000; Wieder & Greenspan, 1997, as cited in Quay, Hogan, & Donohue, 2009, p. 182)

In response to the challenges of tracking the I/ECMH workforce and identifying their respective training needs, an I/ECMH project was conducted in Western Australia (WA), a geographically large and diverse state of Australia that is known for its relative isolation and in which the population is concentrated around the capital city. Reflecting international trends, the I/ECMH workforce in WA encompasses a diverse range of practitioners and professionals who work across promotion, prevention, and intervention services. These include caring for children aged 0 to 5 years, maternity services, mental health services (adult, child, and adolescents),

child development services, child protection and support services for vulnerable families, public health and early childhood education, and parenting services. Similarly, training in I/ECMH in the main ad hoc serves local needs and is service-specific.

THE WA CONTEXT

In 2006, the WA Parliament passed the Commissioner for Children and Young People Act and appointed the state’s first Children’s Commissioner (Western Australian Government). In 2010, a Mental Health Commission was established to lead reforms of the mental health system throughout WA. These reforms included a mental health strategy plan to take WA to the Year 2020 that recognized perinatal, infants, and children as a population with specific needs (Mental Health Commission, 2012). The Mental Health Commission in WA established the Infant Mental Health Planning Group (IMHPG) in late 2010 to provide expert advice. Representatives were invited from Departments of Health, Communities, and Child Protection and the Australian Association for Infant Mental Health West Australian Branch (AAIMHI WA). Following the release of the Commission’s strategic plan and foundation of the IMHPG, the Commission for Children and Young People Western Australia (2011) completed an inquiry into the mental health and well-being of children and young people in WA. Specific to the topic of this article, these recommendations included:

Recommendation 16: A comprehensive mental health workforce strategy be developed by the Mental Health Commission in collaboration with the Commonwealth Government. This strategy to include cultural competency training and specific planning for the recruitment, training and retention of Aboriginal mental health professionals.

Recommendation 28: Training be provided at university and TAFE as a part of relevant undergraduate and certificate courses (for example: for general practitioners, teachers, allied health professionals, youth workers and child care workers) to improve the understanding of the mental health needs of children and young people.

Further reviews of the health system identified recurring issues relating to services for young children and workforce sustainability (Stokes, 2012). With the recommendation of the IMHPG, the Mental Health Commission facilitated a number of strategic projects to investigate the best service options and workforce strategies for perinatal, infants, children, and their families. This article represents part findings from one such initiative which realized formal collaboration between the Mental Health Commission WA and the AAIMHI WA.

METHOD

The project team overseen by the AAIMHI WA was comprised of two clinical psychologists with experience in the infant and early childhood field and a specialization in the promotion of infant mental health. In collaboration with AAIMHI WA and the funding body, the project team compiled a list of stakeholders and potential

participants as a basis to begin interviews with local stakeholders. The project team conducted over 60 face-to-face interviews with individual or small groups of practitioners from all disciplines and levels of service, managers, trainers, academics, policy officers, and administrators between March and September 2013 (Mental Health Commission WA, 2015). Representatives were interviewed from government departments and nongovernment organizations such as early learning centers, community support groups, registered training organizations, and private practitioners. Disciplines involved in providing services to infants, young children, and their families included education, nursing, occupational therapy, medicine, physiotherapy, psychiatry, psychology, social work, and speech therapy. Practitioners included case workers, parent educators, policy makers, playgroup facilitators, early childhood educators, home visitors, therapeutic skill educators, and allied health professionals.

In these interviews, the following questions were asked of individuals:

1. What training in I/ECMH do you bring to your current role?
2. How has this training or lack of training impacted on the way you work with infants, toddlers, and families?
3. What areas of training are important to you in your current role, and how do you access training?

The following questions were asked of training officers:

1. What training in I/ECMH do you provide to your staff?
2. What training would you like to offer to your staff?
3. What restrictions are there for developing further I/ECMH training in your workplace?
4. Would it be useful to have a central body responsible for the coordination of training in I/ECMH?

Interviews were analyzed for themes and presented as a summary of perspectives from those responsible for service delivery and training across levels of service delivery (promotion, prevention, and intervention) and of practitioners across disciplines.

The project team's interim report to the MHC Infant Mental Health Planning Group identified that the Michigan Association for Infant Mental Health (MI-AIMH) *Competency guidelines: Endorsement for culturally sensitive, relationship-focused practice promoting infant mental health* (2014b) was the gold standard for identifying the skills and knowledge required by those in the I/ECMH field (Mental Health Commission WA, 2015). With this in mind, the project team conducted a search of databases for literature pertaining to training models, with a specific focus on how they related to the MI-AIMH Framework. In addition, interviews were conducted with national providers of postgraduate training in I/ECMH, and with I/ECMH experts in other Australian states.

RESULTS

International Data

The literature search of international training programs and models of delivery in infant mental health identified a series of initiatives in the United States, Canada, the United Kingdom, and Europe. The majority of these were influenced by the respective Associations for Infant Mental Health and many had university affiliations. The World Association for Infant Mental Health (WAIMH) was identified as having a role as a global clearinghouse. WAIMH maintains an active Web site to inform and link the field around new knowledge, ideas, questions, innovations, and issues and holds a biennial international congress where exchange of ideas, methods, and debates on current issues are encouraged. Of additional importance, the *Infant Mental Health Journal*, published by MI-AIMH, is identified as the official journal of the WAIMH, with subscribers and contributors from around the world.

The United Kingdom. Upskilling of the I/ECMH workforce is a current topic across the United Kingdom. As in Australia, training in I/ECMH occurs in an ad hoc fashion.

Examples include:

- The AIMH UK is a source of expertise and provides advice to governments and organizations on I/ECMH issues. Its members have made training videos and vignettes for dissemination. Delivery of training primarily remains with the respective, recognized agencies that buy training or through individuals who independently access training.
- The "Windscreen Training Model" of the National Health Service in the North West region (NHS North West, 2011) was developed for the Perinatal and Infant Mental Health (PIMH) workforce of that region. It emphasizes joint cross-professional training and cross-sector training with a focus on training for emerging and developing practices to recognize and accredit new skills and to support cross-sector mobility. The comprehensive training package is presented within a mental health framework across universal, targeted, and indicated trainings.
- The International Training School for Infancy and Early Years (ITSIEY) provides training at a more intensive level. This training school was established in 2012 and comprises collaborations with three established leaders in the field of I/ECMH: Anna Freud Centre (United Kingdom), Yale University Child Study Center (United States), and Tavistock and Portman NHS Foundation Trust (United Kingdom) (International Training School for Infancy and Early Years, 2013). The ITSIEY courses are typically offered in modules so that health service workers can build upon their learning to gain a postgraduate certificate.
- In Scotland, a Pre-Birth to Three National Guidance and Multimedia Resource was created by an "Early Years Team" in collaboration with the Scottish Government and I/ECMH

practitioners, universities, colleges, and NHS Health Scotland. It is a 5-hr DVD supported by case studies of “practitioners at work,” with links to Web sites and policy and research evidence. It is not exclusively focused on the mental health workforce and includes information for parents and carers (Galloway, 2012).

- Ireland has an I/ECMH strategy that aims to support every child (with extra support for vulnerable populations) to build protective and resilience factors within a population to create a gradual reduction in the number of children and families in crisis (Hosking, 2011). Correspondence with an international supervisor along with international experts and colleagues in the field of infant mental health, coupled with a review of the extensive evidenced-based literature, enabled leaders of the North Cork IMH Project to devise the guiding principles required to develop and deliver an interdisciplinary infant mental health training model (Maguire & Matacz, 2012).

Europe. The World Health Organization Regional Office for Europe published a 10-year action plan for mental health reform in 2005. This group included representation from WAIMH (Tuula Tamminen, President), and although not directly focused on infant or child mental health issues, it identified needs to build workforce capacity, retain trained workers, include mental health in the curricula of all health professionals, and maintain competency. Specifically, the plan identified an awareness of poor curricula for most professionals who train in child and adolescent mental health (Braddick, Carral, Jenkins, & Jané-Llopis, 2009).

Canada. Many I/ECMH initiatives in Canada occur through the Hospital for Sick Children in Toronto and through the Hincks-Dellcrest Institute in collaboration with WAIMH associations.

- The Hincks-Dellcrest Institute was established in 1986 to improve the training of professionals involved in the mental health care of children. It exists alongside a clinic service and offers a clinical infant mental health program that provides workshops, consultation, and supervision services and certificate courses as well as training for professionals working with infants, young children, and their families.
- Training for professionals and frontline practitioners in infant mental health principles in Canada is in the main ad hoc, depending on staff expertise and hospital conditions, philosophy, and politics.
- A coordinated approach to training is called for and is developing in Quebec through partnerships with universities, professional organizations, and field organizations that organize workshops, course, and educational programs, and congresses.

The United States. There is a wealth of literature on the growth of I/ECMH training in the United States that is summarized briefly

here. Further details are given in the project report (Mental Health Commission WA, 2015) and in an informative article titled “Training professionals to support the mental health of young children and their families: Lessons for Massachusetts from the National Landscape” (Bartlett, Waddoups, & Zimmerman, 2007).

Briefly, the review of literature identified that in the United States, there has been rapid growth in the number of training programs dedicated to I/ECMH, with 18 states having competencies or standards to guide training and training programs. All of these states had the support of a philanthropic organization, a supportive university, or a committed nongovernment organization and collaborated with governmental agencies to establish a training program. Collaborations and multicollaborations are typical in the United States. These are frequently headed by academic institutions and other entities such as mental health clinics, hospital childcare programs, infant mental health associations, or government agencies. Those who developed training programs in the United States identified the challenges of balancing breadth and depth as well as a prevention, promotion, and intervention. Typically, the maintenance of training occurred through models of reflective practice supervision.

Three U.S. training models in particular were identified by the project:

- In Minnesota (Graham, Nagle, Wright, & Oser, 2012), longitudinal university-based research informed the population of the importance of I/ECMH for later development and resulted in increased awareness of the need to upskill the workforce. Local foundations and the early childhood community developed the Infant and Early Childhood Certificate program at the University of Minnesota in 2007. In addition, the university and other local partners provided resources to the Children’s Mental Health Division to develop the clinical capacity to provide interventions to children under 5 years old and their families. This certificate program uses the MI-AIMH competency guidelines as standards for coursework, and completion of the program leads to a workforce endorsement.
- The Developmental Individual Differences and Relationship-based model (DIR) Institute Certificate Program (DIRC), initiated by Serena Wieder and Stanley Greenspan to support the DIR model of Infant Mental Health (Wieder, 2005), originated from a 6-year longitudinal (NIMH) research-based protocol for the DIR intervention. Research staff found that they required intensive reflective supervision to be essential to sustain the staff and the program. The DIRC began with case conferences at interdisciplinary meetings and annual conferences. In 1999, they invited interested senior clinicians to be trained, and these people later became trainers. The issues that the DIRC faced are very similar to those in Western Australia today: Who to train? How to offer training when they were not a clinical service or an educational service and had only done seminars and conferences until that point? What

sorts of numbers would they attract, locally, nationally, and internationally? How to offer mentorship? How to determine levels of competence? How to use technology without lessening the quality of clinical training? How to cater for distance and for those who had limited time due to work? How to make the training self-paced? How to leave room for expansion?

- The National Center for Infants, Toddlers and Families (ZERO TO THREE) is a “non-profit organization that provides parents, professionals and policy makers the knowledge and know how to nurture early development” (ZERO TO THREE, 2013). ZERO TO THREE offers many online training modules and webinars at no charge for professionals working with infants, toddlers, and their families in a range of settings. It also offers an extensive variety of training for supervisors, trainers, and mental health clinicians and holds a National Training Institute each year for experienced professionals in the field of I/ECMH.

One constant factor in the coordination of training services is the characteristic presence of an association that has the focus of I/ECMH as its priority. Organizations that have this role include the WAIMH and its associated affiliates and ZERO TO THREE.

The literature search and interviews identified common features of the international programs that deliver training in I/ECMH. These include a focus on developing coherent trainings that emphasize joint cross-professional training and cross-sector training; collaborations for training purposes that were typically with universities, colleges, government, I/ECMH practitioners, organizations, and community-based services; training targeting the curricula of allied health professionals and educators; and continuing professional development and postgraduate training. Furthermore, reflective practice was recognized as a specific skill for all levels of the I/ECMH workforce and to require specific training. Training for professionals and frontline practitioners in I/ECMH principles is in the main ad hoc, with institutions in the United Kingdom, the United States, and Canada continually making calls for coordinated training. The most coordinated systems of training exist in the United States as competency-based trainings. These trainings are supported by philanthropy, universities, or committed nongovernment organizations and government.

Australian Data

Currently, no national training model for I/ECMH exists in Australia. The AAIMHI is the only body to coordinate training specifically for this purpose. A number of national organizations provide training that is attended by many who work in the I/ECMH field. Of these, only AAIMHI has as its core business a relational approach to the socioemotional well-being of infants, young children, and their families.

In 2013, in Australia two formal programs of training existed in perinatal and infant mental health:

- a Graduate Certificate, Graduate Diploma, and Master Degree at the University of Melbourne, Victoria. This course made provision for interstate participants.
- The New South Wales Institute of Psychiatry offered a Graduate Certificate, Graduate Diploma, and Master of Perinatal and Infant Mental Health available throughout Australia and New Zealand via distance education (Warren & Mares, 2009).

Characteristics of I/ECMH training in the more populated Australian states include:

- New South Wales’ history of training in I/ECMH is built on a foundation of collaboration across adult and child psychiatry, psychotherapy, occupational therapy, speech pathology, social work, and child psychology as well as child protection, social work, nursing, paediatrics, and physiotherapy. Professional development in New South Wales continues to be provided by a range of organizations and local community agencies. There is no coordinated cross-disciplinary training strategy for the I/ECMH field outside of the tertiary sector.
- Victoria’s history of training in mental health science (infant and parent mental health) developed from clinical teaching work of the Infant Mental Health Group at the Royal Children’s Hospital and draws on the disciplines of psychiatry, developmental psychology, and psychoanalysis for its theoretical basis. A number of distinctive training events in I/ECMH are held through the very active state branch of the AAIMHI that has regular weekend training days and seminars. In addition, in Victoria an active nongovernmental organization provides support for children aged 0 to 5 years and hosts an annual conference that frequently includes I/ECMH as a focus.
- Queensland has a state-funded Centre for Perinatal and Infant Mental Health that has responsibilities across four key areas: (a) Service Development and Implementation, (b) Workforce Development, (c) Mental Health Promotion and Prevention, and (d) Research and Evaluation. This centre is staffed by recognized experts in I/ECMH.
- South Australia has a very active AAIMHI affiliate branch that provides active training in the field of I/ECMH via regular seminars and frequently hosting overseas infant mental health clinicians to train in specific assessments and interventions and to run workshops. As with other Australian states, there is no coordinated cross-discipline or cross-sector training in I/ECMH. The South Australian Health Department through the Women and Children’s Hospital differentiates between infant mental health and perinatal mental health and offers a Certificate in Infant Mental Health as well as an innovative program for perinatal mental health that includes some material specific to I/ECMH in South Australia.

- The AAIMHI WA plays an ongoing and active role in upskilling the workforce through a regular seminar series and professional development days as well as national and international links and conferences. Perhaps because of its isolation, a large contingent of West Australians frequently attends the World Congress meetings in infant mental health. The AAIMHI WA also is building capacity to train the rural workforce by offering bimonthly training seminars to regional practitioners via videoconferencing. At the time of this report, WA had no university program specific to I/ECMH and relied on other Australian states for university programs in I/ECMH.

In summary, in 2013, the project identified that ad hoc training for the field existed in Australian states, mostly where there was an active branch of the AAIMHI that initiated and coordinated training. The project interview process itself sparked a great deal of interest for a training model that is aligned to competencies in I/ECMH and sustained by a cohesive reflective-practice supervision model.

Western Australian Data

Through the interview process, the project identified that in WA, gaps exist in knowledge and skills of I/ECMH in promotion, prevention, intervention, and policy and in reflective practice. Tensions also exist around who constitutes the I/ECMH workforce. A multitude of training events have been available on an ad hoc basis to the WA workforce; however, these were mostly discipline-specific and neglected the interprofessional collaboration required for working in the I/ECMH field. In addition, there was little follow-up so that integration of new knowledge into practice was reportedly poor. Furthermore, the project interviews identified that a diverse understanding of the nature of I/ECMH training and practice existed at all levels of service provision.

Training generally was identified to be an essential vehicle for constructive collaboration between metropolitan and rural workers; between disciplines, and between stakeholder groups, and it was desired by the workforce. Finally, the project found that there was no formal tertiary level training in I/ECMH involving either certificate-level training organizations or university collaboration, and there was an identified need for coordinated training at all levels of service delivery.

Project Recommendations

Recognizing the culture change created by the growing momentum for the use of competency frameworks in the field, we identified the MI-AIMH's *Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* as the most comprehensive and well-tested set of competencies available, and recommend that training program be developed to align with these.

We recommend a staged delivery model for I/ECMH training and supervision to provide opportunity to build workforce capacity, align with the MI-AIMH Framework, and ensure sustainability. An important recommendation was that the AAIMHI WA partner with key stakeholder groups that represent the universal, targeted, and selected levels of I/ECMH service delivery to inform the development of training modules appropriate to the level of service delivery. In addition, we recommend that creative partnerships be formed with universities and education providers of certificate-level courses to deliver training.

In designing the delivery model, we first mapped known recurrent training as well as periodic training specific to I/ECMH in WA onto the MI-AIMH Competency Framework, identifying training relevant at all levels. We then proposed a training-activities framework that built on existing activities by incorporating the training currently available in WA and also including new modules to meet identified gaps in I/ECMH training. Training that was available internationally via online mediums was included, such as Education Scotland, the University of Minnesota's Center for Early Education and Development program, and ZERO TO THREE webinars and podcasts as well as the Australian "Beyond Blue Matrix." Key competency areas pertaining to the MI-AIMH Competency Framework (knowledge, skills, and reflective-practice experiences) were identified, and ways of sustaining I/ECMH skills (participation in reflective practice groups or reflective practice supervision groups) were included.

Project Outcomes

As a result of the Project's inquiry and recommendations made to the Mental Health Commission WA (2015), the AAIMHI WA purchased a license to use the MI-AIMH Competency Guidelines and worked with a representative committee of WA stakeholders as well as with the MI-AIMH to adapt these to suit the WA workforce. This is an ongoing process since there is more work to be done to make these competency guidelines meaningful and relevant for Aboriginal and Torres Strait Island communities.

The purchase and subsequent launch of the Competency Guidelines appear to have galvanized the I/ECMH field in WA, as evidenced by the development of training programs that align with the AAIMHI WA Competency Guidelines. For example, the AAIMHI WA has systematically planned a bimonthly series of seminars for its members and practitioners interested in infant mental health that are aligned to the knowledge and skill domains in the competency framework. Complementing this, the WA Health Department is planning a module-based program of training for its workers to also align with the competency framework. Furthermore, the School of Psychology and Social Sciences at Edith Cowan University in WA established a "Pregnancy to Parenthood Clinic" for postgraduate students of clinical psychology as a first step toward an interdisciplinary clinic for perinatal and infant mental health. Significantly, in 2015, the university also announced WA's first university-based postgraduate degree course in infant

mental health, which will be taking applicants for 2016 and will be aligned with the AAIMHI WA Competency Guidelines. In a very short time, the use of the Michigan Competency Framework by the AAIMHI-WA has begun to change the training and education opportunities for upskilling the infant and early childhood workforce.

CONCLUSION

The global interest in infant mental health and burgeoning research from many disciplines and across all areas of practice that supports the importance of the early years for later development has found its way to a critical mass in the Western Australian community. This article has described the most recent chapter of the journey to bring infant mental health practice and principles to the Western Australian workforce. Collaboration within the AAIMHI WA organization and between key stakeholders in the Western Australian community has consolidated. Furthermore, a solid partnership has been established with the MI-AIMH. Results of this collaboration already are impacting the Western Australian workforce. Purchase of the MI-AIMH Competency Guidelines has resulted in a map to guide and develop training in the I/ECMH field for individual practitioners and professionals as well as for workplaces that will ultimately benefit Western Australian infants, young children, and their families during the perinatal period and in the early years. We hope that sharing our story will inspire practitioners in other isolated parts of the world to collaborate with the international I/ECMH community to upskill the global workforce.

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