



Infant and Early Mental Health Care Pathways

Establishing Community Systems of Care

Initiative Brief

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Infant and Early Mental Health Care Pathways: Establishing Community Systems of Care

Issue

The main purpose of the Infant and Early Mental Health Care Pathways: Establishing Community Systems of Care (IEMH Care Pathways) initiative is to create navigable systems of care pathways for infant and early mental health (IEMH) in Canada.

Canada's current approach to promoting positive mental health and wellbeing fails to include recognizing IEMH concerns and introducing early interventions before school age. Canadian practitioners receive little to no training on IEMH and access to professional development in this area is extremely limited. Additionally, with no clear direction as how to navigate the supports addressing IEMH, young children that require services may not be referred to the right resources or may not receive the right resources at the right time.

The combination of practitioners often failing to recognize vulnerability early on and the absence of navigable systems of care pathways to recognize and treat IEMH concerns in Canada prevents children under the age of 6 from receiving the support they need. Instead, most children don't receive services until they enter the school system, which is too late as many developmental challenges have, by then, been left untreated for years.

The expected outcomes for this initiative include the following:

- Developing and implementing aspirational IEMH Care Pathways
- Transforming mental health in the early years with integrated care
- Strengthening the implementation of culturally safe interventions for diverse populations
- Catalyzing interdisciplinary and cross-sectoral collaborations
- Building and fostering implementation science research and knowledge mobilization
- Ensuring meaningful representation and participation of individuals who have historically faced barriers in research

Rationale and Research Questions

The Infant and Early Mental Health Care Pathways initiative began, with the recommendation, in the policy paper “[Beyond Building Blocks: Investing in the lifelong mental health of Ontario’s three-to six-year-olds](#)” urging the creation of pathways to care for infant and early mental health. This paper was spear headed by the Knowledge Institute on Child and Youth Mental Health and Addictions (CYMHA) and Infant and Early Mental Health Promotion (IEMHP). The recommendation for the creation of pathways was actioned by the Knowledge Institute for Child and Youth Mental Health and Addiction to fund 3 pilot communities. The pilot was led by IEMHP in partnership with CYMHA, to guide communities to develop and implement IEMH Care Pathways to provide equitable access to prevention, identification, and treatment of less-than-optimal IEMH to children under the age of 6. The Knowledge Institute remains a strong partner and champion of this work. Their contribution and leadership is noteworthy as it is already impacting other communities and practitioners. Expanding on the work completed in the pilot, the **Infant and Early Mental Health Care Pathways: Establishing Community Systems of Care** initiative was designed to evaluate the implementation of the care pathways intervention in various communities (Indigenous and non-Indigenous) in Ontario.

The IEMH Care Pathways initiative, funded by the Canadian Institutes of Health Research (CIHR), has one overarching research question:

“Does implementing IEMH Care Pathways lead to greater capacity within communities to support infant and early mental health and recognize and respond to vulnerability for poor mental health in the early years (birth to 6)?”

This research question will be addressed by answering the following:

1. How effective is the IEMH Care Pathways intervention implementation method in various contexts?
2. What are the impacts of the IEMH Care Pathways on children, families, practitioners, organizations, and communities?

Background

The first five years of a child's life are critical in the prevention of mental health challenges because the brain is at its most malleable and responsive to environmental influences. Introducing interventions targeting mental health concerns before the age of 6 offers children the greatest opportunity to mitigate negative life-long consequences. **Early developmental risks that go unidentified/unaddressed can solidify into behavioural challenges in later years.** Canada's mental health promotion and prevention approach needs to start from prenatal care and include a lifespan approach, rather than being reactive and focusing mainly on mental health treatment and intervention for older children, youth, and adults.

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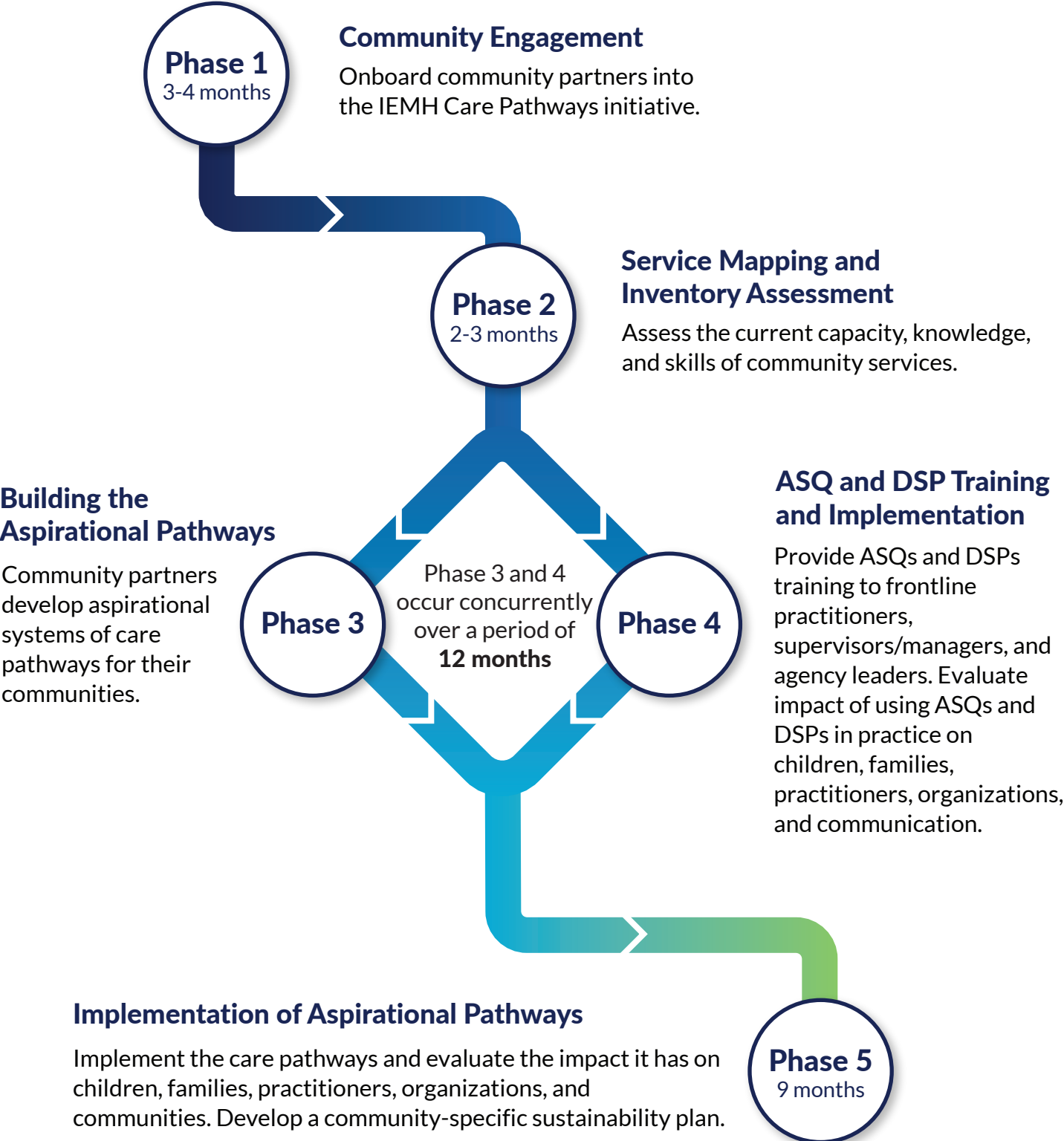
The IEMHP at The Hospital for Sick Children has been working for decades to engage organizations from all sectors, along with community leaders and families, in **building the capacity of Western and Indigenous communities and their services to better address IEMH issues and support families** in the absence of an overarching Canadian system.

Timeline

All phases are expected to be completed within 2-3 years, during which time we would expect community partners to remain engaged in the work.

Details about each phase of the initiative can be found in the graphic on the next page.

Infant and Early Mental Health Care Pathways Journey Map



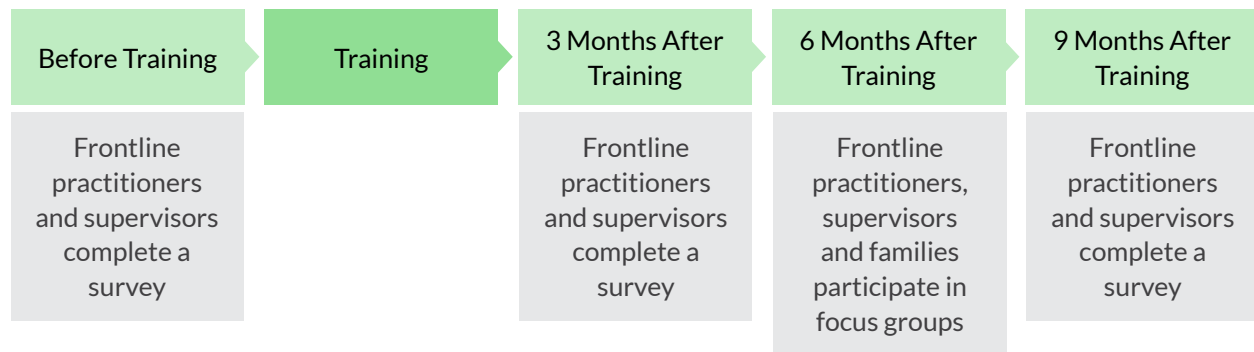
Evaluation

Guided by the Consolidated Framework for Implementation Research, the effectiveness and impact of the IEMH Care Pathways intervention will be evaluated through surveys and focus groups with families, frontline practitioners, and organization leaders.

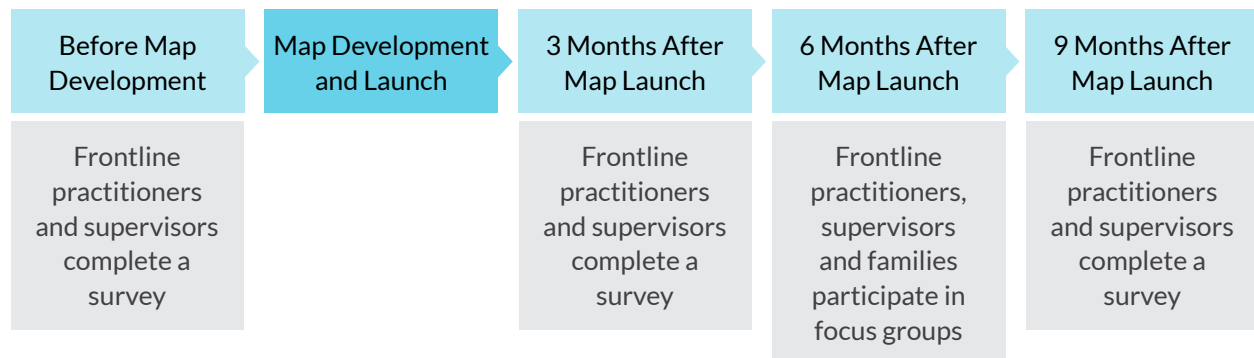
We will evaluate:

1. The use and implementation, by frontline practitioners, of the **Agnes and Stages Questionnaires (ASQs) and Developmental Support Plan (DSP) tools** in their practice and how it affects them, their organization, and families.
2. The development and implementation, by community organizations, of **IEMH Care Pathways** and their impact on families, practitioners, organizations and communities.
3. A comparison of organizational capacity and competency pre-Pathways implementation (i.e., prior to ASQ-DSP training, and following ASQ-DSP training, using standard practice of care) and post-Pathways implementation (i.e., using ASQ-DSPs and following the Pathways map system of care).

Phase 4: ASQ and DSP Training and Implementation Evaluations



Phase 5: Implementation of Aspirational Pathways



Partners

Funding Agency:

This initiative is funded through the [Mental Health in the Early Years \(MHITEY\) Initiative](#), led by the Institute of Human Development, Child and Youth Health Mental Health (IHDCYH) at the CIHR, with the participation of the Institute of Indigenous Peoples' Health (IIPH), the Institute of Neuroscience, Mental Health and Addiction (INMHA), the Institute of Health Services and Policy Research (IHSPR), and the Strategy for Patient-Oriented Research (SPOR).

Research Team:

Participant	Affiliate	Region
Nominated Principal Applicant		
Dr. James Reynolds	Queen's University – Academic Institution	Kingston, Ontario
Co-Applicant/Principal Investigator		
Dr. Sheri Madigan	University of Calgary	Calgary, Alberta
Jen Zwicker	University of Calgary	Calgary, Alberta
EDI Champion		
Tee Garnett	The Hospital for Sick Children	Toronto, Ontario
Implementation		
Chaya Kulkarni	Infant and Early Mental Health Promotion (IEMHP), The Hospital for Sick Children	Toronto, Ontario
Principal Knowledge User		
Purnima Sundar	Knowledge Institute for Child and Youth Mental Health and Addictions (KICYMHA)/Children's Hospital of Eastern Ontario	Ottawa, Ontario
Knowledge User		
Lori Kempe	Children First Windsor	Windsor, Ontario
Anne Biggar	Maltby Centre	Kingston Frontenac Lanark Addington, Ontario

Susan Potvin	Kingston Frontenac Lanark Addington (KFLA) Public Health	Kingston Frontenac Lanark Addington, Ontario
Arlene Hache	Keepers of the Circle	Yellowknife, Northwest Territories District of Timiskaming, Ontario
Susan Alton	Mino M'shki-ki	District of Timiskaming, Ontario
Michelle Yoksimovich	Hastings Prince Edward County Public Health	Hastings Prince Edward County, Ontario
Kelly Allan	Family Space	Hastings Prince Edward County, Ontario
Leenesh Khadilkar	Parent	
Melanie Dunlop	Algonquin Lakeshore Catholic District School Board	Hastings Prince Edward County, Ontario

Initiative Team:

There are three main roles involved in the IEMH Care Pathways initiative:

1. Local Pathways Implementation Team (LPIT)
2. Partnering Agencies
3. Core Initiative Team

This link provides a list of responsibilities for each role: [Roles and Responsibilities Document](#)

Documents of Agreement

A Memorandum of Understanding (MOU) and Terms of Reference (TOR) will be shared with partners once they agree to move forward with a partnership in this initiative.

Conclusion

Canada needs to integrate IEMH into multiple systems and pre-service training across disciplines. The proposed model is based on implementation science, leveraging the strengths of each community to build capacity and offer equitable access to support IEMH. The goal is to embed the science of IEMH into the practice of all those working with children, prenatal to six years of age, and their families, recognizing and addressing vulnerabilities for mental health as early as possible to set children up for optimal development.



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