

WAIMH Affiliates News

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Greetings to all WAIMH Affiliates. This news update includes information about the following:

New WAIMH Affiliates;

1. The WAIMH website and a special area for AC Presidents/Executives;
2. WAIMH Affiliates and 10 Members: A new WAIMH Board decision;
3. Asia WAIMH Affiliate sub-committee;
4. Affiliates Council Pre-Congress;
5. Training and knowledge sharing for WAIMH Affiliates; and
6. Keeping the WAIMH office updated with any changes in affiliate contact details

New WAIMH Affiliates

Estonia have recently been approved as a new WAIMH Affiliate. Welcome Estonia. Furthermore, in this edition, our colleagues from Estonia share news about their work and activities in Estonia.

In addition, another group are nearing the end of their formal affiliate application process. We look forward to formally welcoming them in the near future.

The WAIMH website and a special area for AC Presidents/Executives

A special page within the WAIMH website for WAIMH Affiliate Council members has been set up with the support and the expertise of Minna Sorsa and Anna Hemmi in the WAIMH office. This new page has been developed in response to feedback received at our Affiliate Council meetings. It aims to increase the capacity within our WAIMH affiliate network to share information more easily. Over the next 12 months we will continue to build this page to include information about training, education, infant mental health resources as well as governance issues at the affiliate

level. Soon, we will provide affiliate presidents with specific information about how to access this information within the site.

WAIMH Affiliates and 10 Members

The WAIMH Board recently decided to temporarily waive the criteria for new organisations to have 10 WAIMH members at the time of applying to become a WAIMH affiliate.

The background to this decision is as follows. The issue of equity and accessibility to WAIMH affiliate membership across the globe has increasingly become an issue for new organisations. Over the past 6 years especially, new groups seeking WAIMH affiliate status have often struggled to get 10 WAIMH members. This situation has halted their affiliate development process and decreased their capacity to participate as an affiliate within WAIMH. Similarly, established WAIMH affiliates have also struggled to maintain 10 WAIMH members, however their capacity to participate as an affiliate within WAIMH has remained constant.

As a result of this evolving pattern, the WAIMH Board considered an array of solutions. As a first step to an overarching solution, the Board decided to waive the criteria for new affiliates to have 10 fully paid WAIMH members at the time of becoming an Affiliate. This will be reviewed again over the next year.

Within this waiver period, the criteria of having 10 WAIMH members at the time of application will be viewed as an organisational goal to be achieved over time as the newly established affiliate develops.

Asia WAIMH Affiliate sub committee

At the WAIMH Board meeting last year in Prague, Professor Hisako Watanabe agreed to act on behalf of the Board to specifically support the growth and development of WAIMH in Asia. As many of you know, Professor Watanabe (warmly known as Hisako) has been a foundational member of the Japanese WAIMH affiliate and is an inspirational psychiatrist, professor, researcher, and mentor to many of us.

Recently, colleagues in China who are actively engaged in developing a WAIMH affiliate based in Beijing, requested WAIMH support for an upcoming conference in

Beijing: *International Infant and Young Child Mental Health Update and Progress*. In response, Hisako will attend this conference in Beijing, in April, on behalf of WAIMH. She will be a guest speaker and she will engage with the local group in discussion about the journey of becoming an affiliate. We are sure the conference will be very successful and it will be a major milestone in the overall development of promoting infant mental health in China. We will update you in a later issue about this conference and about the new WAIMH Asia support initiative.

Affiliates Council Pre-Congress

The interrelated issues of training, competency and professional development have been repeatedly identified as areas of need across the affiliates. In addition to developing the WAIMH affiliates page within the WAIMH website, the Affiliates Council will host a half day pre-congress workshop in Rome in 2018. The workshop will be chaired by Maree Foley (PhD) and Anna Huber (PhD).

Planning is in the early stages but it is our intention to provide in-depth information about infant mental health training programmes from around the globe. A breadth of programmes will be featured ranging from well-established formal programmes to those that are not well known but serve unique local/regional training needs. Details about how to access these trainings will be outlined. We also hope to explore arenas of IMH practice and research competency. A cross-cultural lens will be used to prioritise and contextualise competencies. Hopefully, the workshop will also include narratives and stories from infant mental health practitioners and researchers about their journey of becoming an infant mental health specialist and or the experience of establishing an infant mental health training programme.

Over the course of this year we will be directly in touch with affiliates as we prepare for this workshop. We are also keen to hear from any members of the Affiliate Council who may be interested in working alongside us in the preparation and running of this workshop. We would be delighted to hear from you.

Training and knowledge sharing for WAIMH Affiliates

A core task of the Affiliates Council involves identifying and facilitating the meeting of affiliate needs at varying stages of their development. From study groups through to established affiliates there is a need for ongoing training and supervision and the

sharing of infant mental health knowledge, skills and trainings.

In response, the WAIMH Board welcome requests from affiliates and where possible are happy to support groups through accessing online webinars, online cyber-guests and facilitating the availability of keynote speakers. The WAIMH website outlines specific details concerning how your affiliate might directly apply for WAIMH support access.

Keeping the WAIMH office updated with any changes in affiliate contact details

The WAIMH office staff frequently update affiliate data into the WAIMH website. We understand that these details change over time as executive personnel change. We appreciate you updating the WAIMH office about these changes so we can always keep in touch with you with regards to affiliate council matters.

We wish you all the very best with your affiliate activities over the next months. We are always pleased to hear from you: your news, queries and challenges.

Estonian Association for Infant Mental Health

Let us welcome the Estonian Association for Infant Mental Health by joining hands around the world in support of good mental health for Estonian babies, very young children and families. We are so very glad to introduce you to the WAIMH community.

Estonian Association for Infant Mental Health – Eesti Väikelaste Vaimse Tervise Liit – was founded on 21.11. 2014 by professionals who work with children and who have long been interested in the promotion of early childhood mental health. The idea to create the association came about when the three current members of management underwent a year's training in London - International Training School for Infancy and Early Years, organized by Anna Freud Centre, Yale University Child Study Center and The Tavistock and Portman NHS Foundation Trust. After the training, they began to share the new knowledge in a systematic way, and thus a group gathered who have taken the promotion of mental health of young children to heart.

About Estonia

Estonia is located in Northern Europe, our neighbors are Russia, Finland and Latvia. Estonia has an area of 45 339 square kilometers and 1.3 million inhabitants. Estonia's main ethnicity is Estonians, who make up 69.72% of the population. The largest minority group is Russians, who make up 24.8% of the population. Estonia's official language is Estonian.

The Estonian health care system is built on the principle of compulsory solidarity-driven health insurance and private providers of services for universal access. All children are secured for treatment and every child has a family doctor who will monitor the child's development, and to whom one can turn to when a child becomes ill.

Problem spots are the fact that mental health services don't cover the current need, especially few there are not enough services for smaller children and there are few proactive activities and programs. Overall awareness of mental health problems is low.

For families with small children it is very important, that parental benefit is applicable. Before the child reaches 70 days of age, the mother is entitled to the benefit, after that both parents are entitled to the benefit on a turn by turn basis. The right to parental benefit begins after the last day of maternity leave and the benefit is paid for 435 days or 18 months.

education for children in this age. The nurseries and kindergartens network is well developed, partly funded by the local government, but a large part of kindergarten fee is for parents to bear. Some children go to childcare at 18 months old, when the mother's parental allowance ends and she returns to work, but quite often the mother or father of the child stays at home until the child reaches two years of age.

The aim of the EAIMH is to develop cooperation between people who want to create and secure an environment where children's growth and the development of affection between parents and children can take place in the best possible way. EAIMH organizes various training courses and workshops in order to disseminate public scientific knowledge from various child-related areas, create interest in the society on the topic of children's mental health and to highlight the importance of safe development in the first few years of a human's life, share knowledge and generate discussion about the importance of the mental well-being of the families, parents and carers, share knowledge about children's mental health with professionals working with children and to promote mental well-being of professionals working with children.

We are an enthusiastic group, we strive to keep up with new knowledge on early childhood mental health and share the knowledge in different places across Estonia, including smaller towns and communities.

Board of the EAIMH

President: Piret Visnapuu-Bernadt, child psychiatrist, psychoanalytic child- and adolescent psychotherapist,

Members: Tiina Valvas- child psychologist, psychoanalytic child- and adolescent psychotherapist,

Sirje Rass- child psychologist, psychoanalytic child- and adolescent psychotherapist,

Kristel Amjärv- general practitioner, pediatrician,

Diana Kuntor- preschool teacher, experience advisor.



Estonian children, photo by Joonas Roosalu.

Estonian mothers are usually working as the employment rate for Estonian women aged 20-64 is above the EU average. In 2016, 67.5 percent of 20-64-year-old women were participating in the labor market.

Education is in Estonian. The first Estonian ABC book was published in 1575. School attendance is compulsory in the 7-17 years of age, the state ensures free