

# *Frühe* HILFEN

Data on the mental health of supported families from the documentation of early childhood interventions in Austria

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 Bundesministerium  
Arbeit, Soziales, Gesundheit  
und Konsumentenschutz



## Objectives of the Austrian Model

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to reach and support families during pregnancy or within the first three years of a child, especially those that live under burdened life circumstances

### Specific Objectives:

- » To strengthen resources and reduce strains/burdens of families with children (0–3 years, maximum 6 years)
- » To promote and ensure well-being and development of children at an early stage
- » To contribute to a healthy upbringing including the right to be protected, supported and to be able to participate
- » To promote health and social equity

## Target group: Families in need

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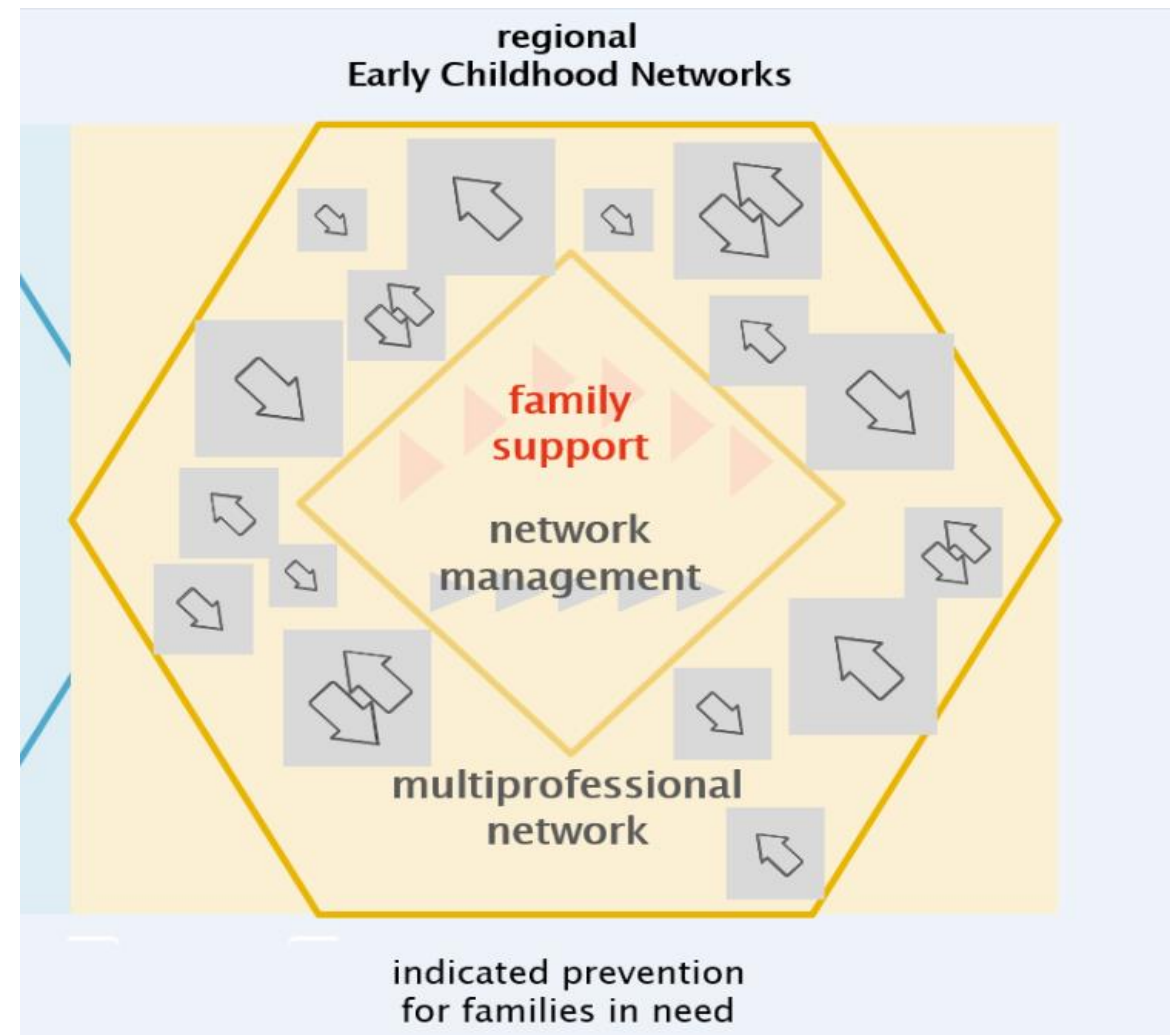
Families with a **variety of strains/burdens**:

- » Social burdens, like financial distress, social isolation, inadequate housing, domestic violence
- » **Mental burdens, like mental illness/addiction, unwanted pregnancy**
- » Specific characteristics of the parents, like underage, single parent, disability or somatic chronic illness
- » Increased need for care of the child, like premature births, multiple birth, mental retardation, congenital illness or disability
- » Strong anxiety concerning future of main attachment figure
- » Difficulties with acceptance of resp. care for the child, troubles with mother- /parent-child-interaction

But in most cases **several burdens** are present at the same time in combination with a **lack of compensating resources**

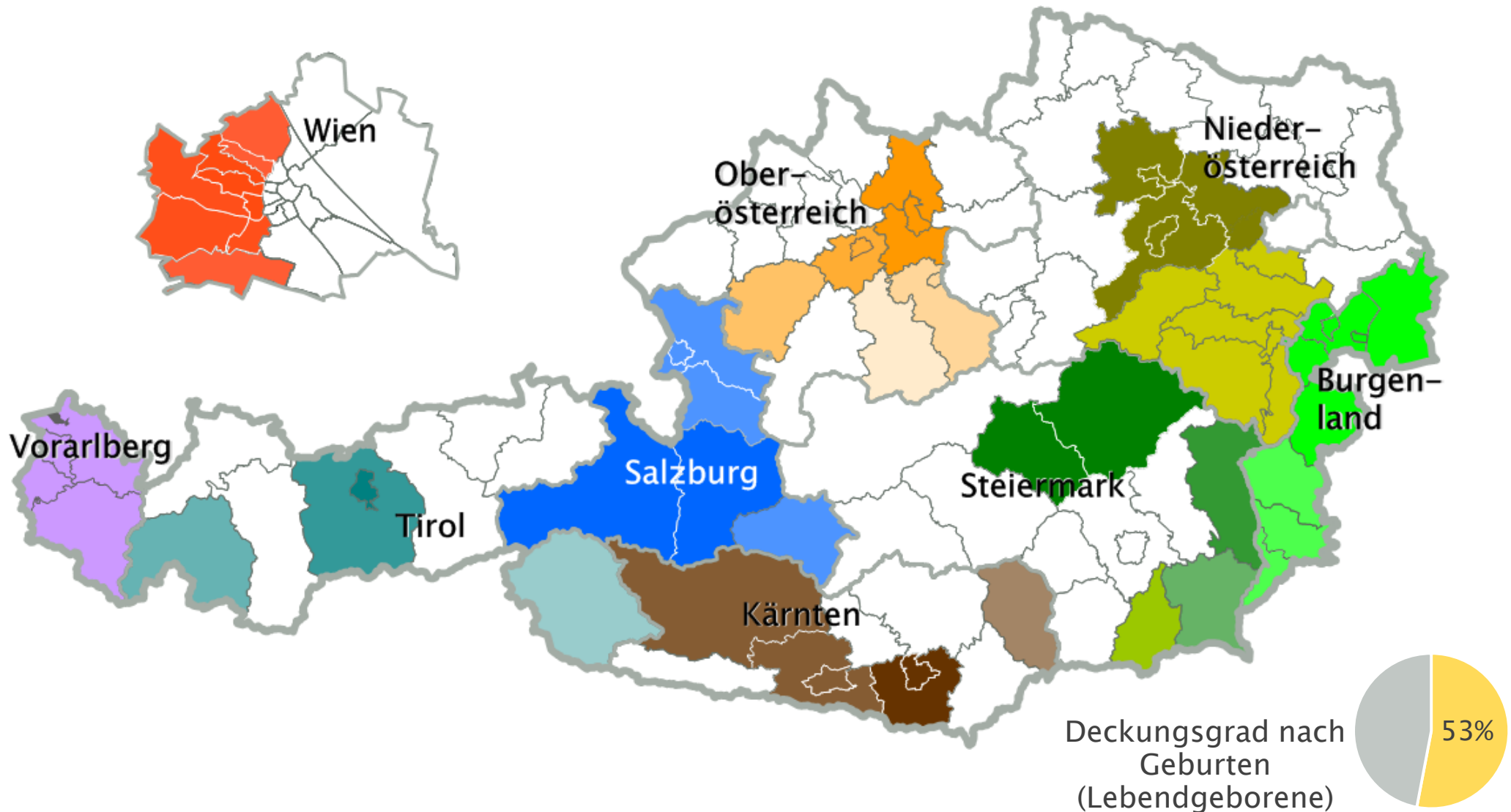
## Regional early childhood intervention networks in Austria

- » at an early stage and preventive
- » reach families actively and systematically
- » voluntary participation & free of costs
- » provide outreach, continuous and comprehensive support
- » general as well as case-related cooperation and networking



Quelle: Haas/Weigl 2017

# Implementation of regional early childhood intervention Networks



## Families reached (2015 – 2018)

~ 5.450 contacts



~ 3.720 families supported



~ 2.830 families already  
ended the programme



## Case study – family M.

Mother: 31 years old, married  
Baby: 5 months old  
Father: works in construction,  
Is not at home much

Problems in  
mother-child-interaction

Signs of postpartum  
depression of mother

Conflicts with  
paternal  
grandparents

No family or social  
network

Stable financial  
situation

Sleeping problems and  
excessive crying of  
child



## Interventions for family M.

Conversation to build up trust and relationship with mother

Toddler group

Psychiatric assessment

Mediation

Therapeutic group „Actually I should be happy“

Talks with father

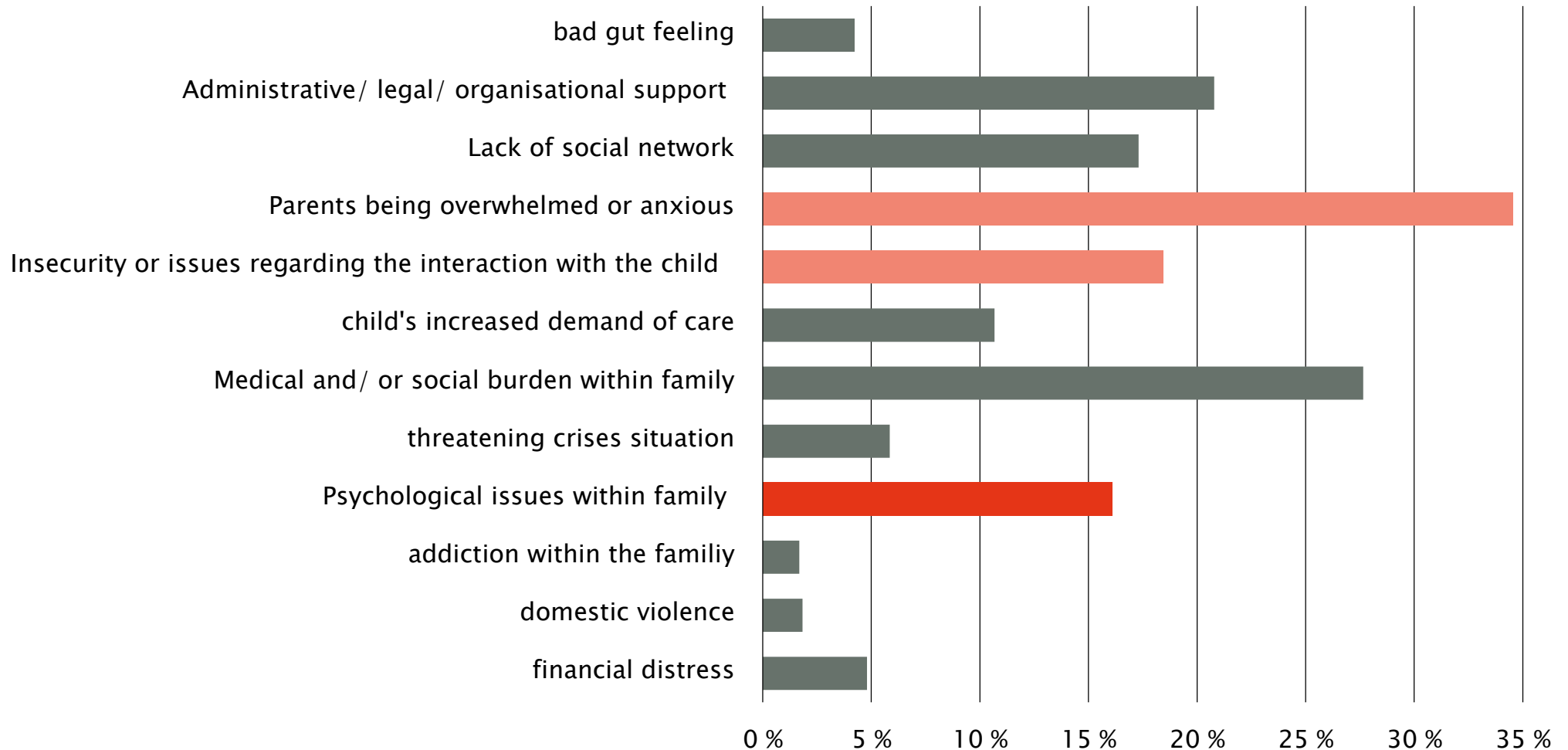
Outreach parent consultant

Family assistant





## Referrals due to

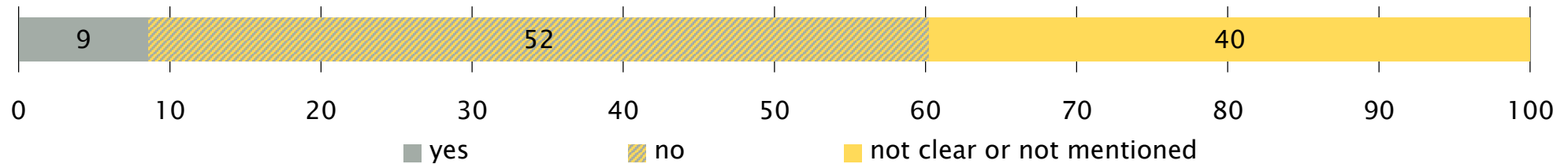


Comments:

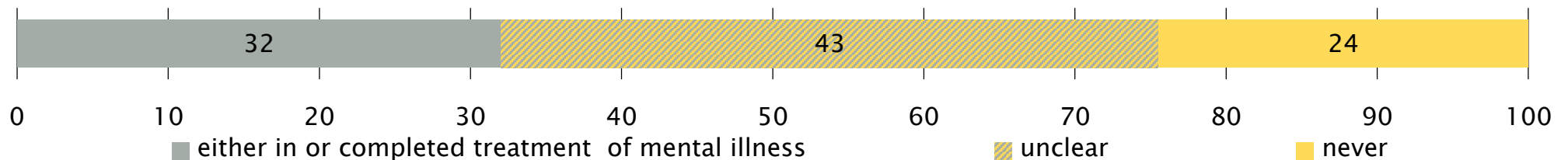
2015–2017, n=2.669, in % of all contacts; without Vorarberg; max. 2 reasons can be specified

## Specific burdens of the mothers at the beginning

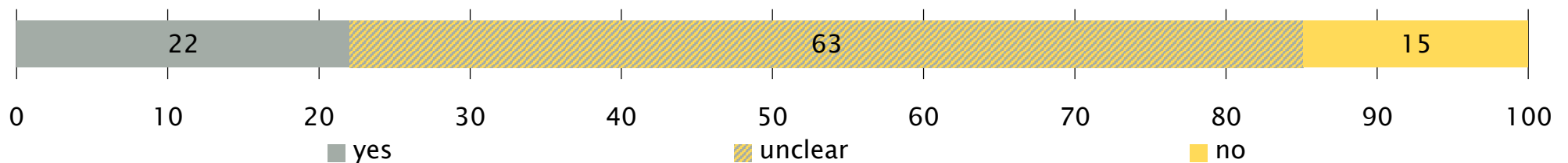
### Mothers with signs of postpartum depression



### Treatment because of a mental illness



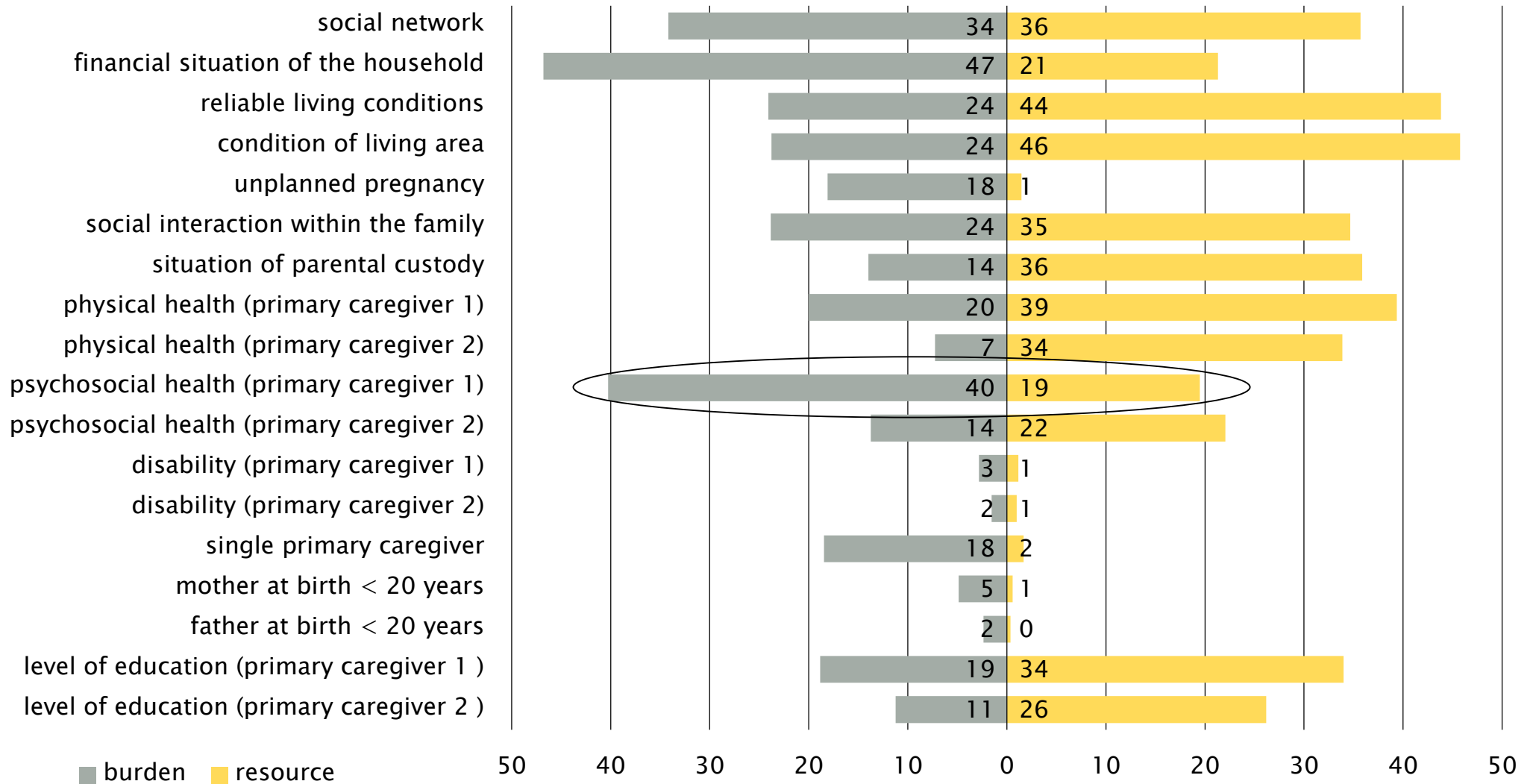
### Experience of violence



Comments:

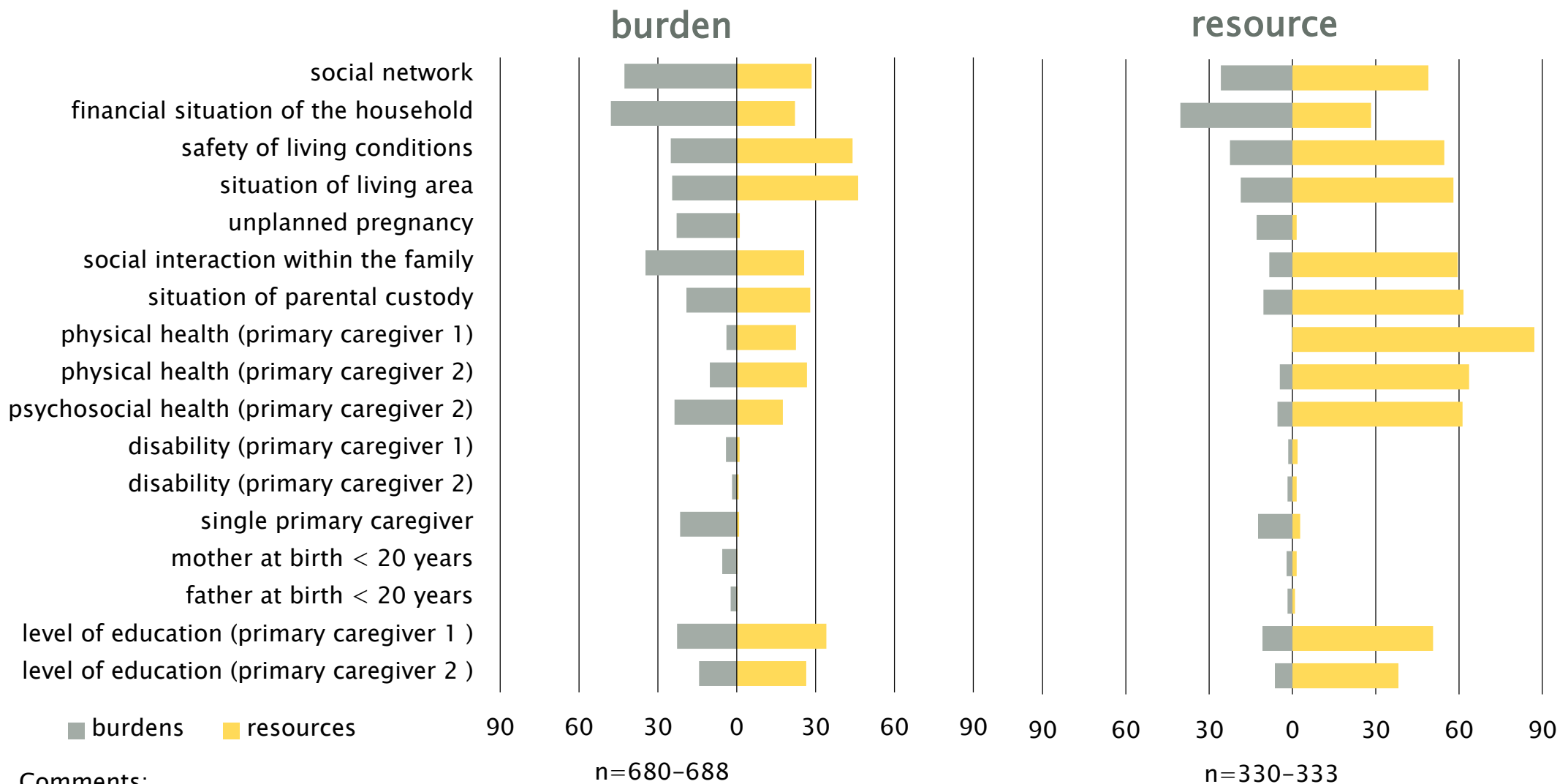
2015–2017, n=1.736, in % of all supports, without Vorarlberg

# Resources and burdens of families at the beginning



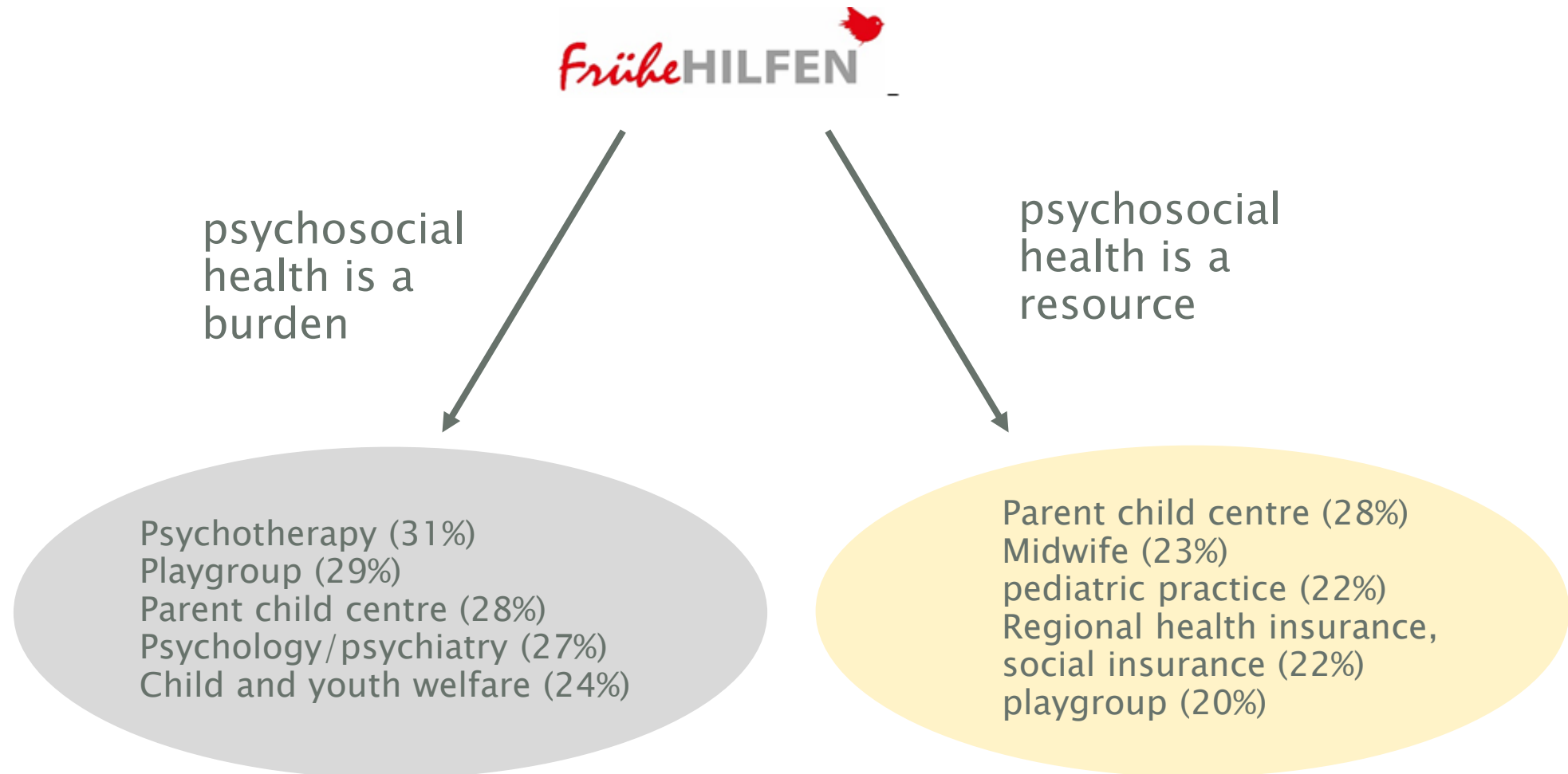
Comment: 2015 – 2017, n=1.695–1.711, in % of all supports, without Vorarlberg  
 The categories „neutral“ as well as „not clear“ are not represented.

## Resources and burdens, depending on the psychosocial health of the mother



Comments:  
2015-2017, in % of all supports, without Vorarlberg, the categories „neutral“ as well as „not clear“ are not represented

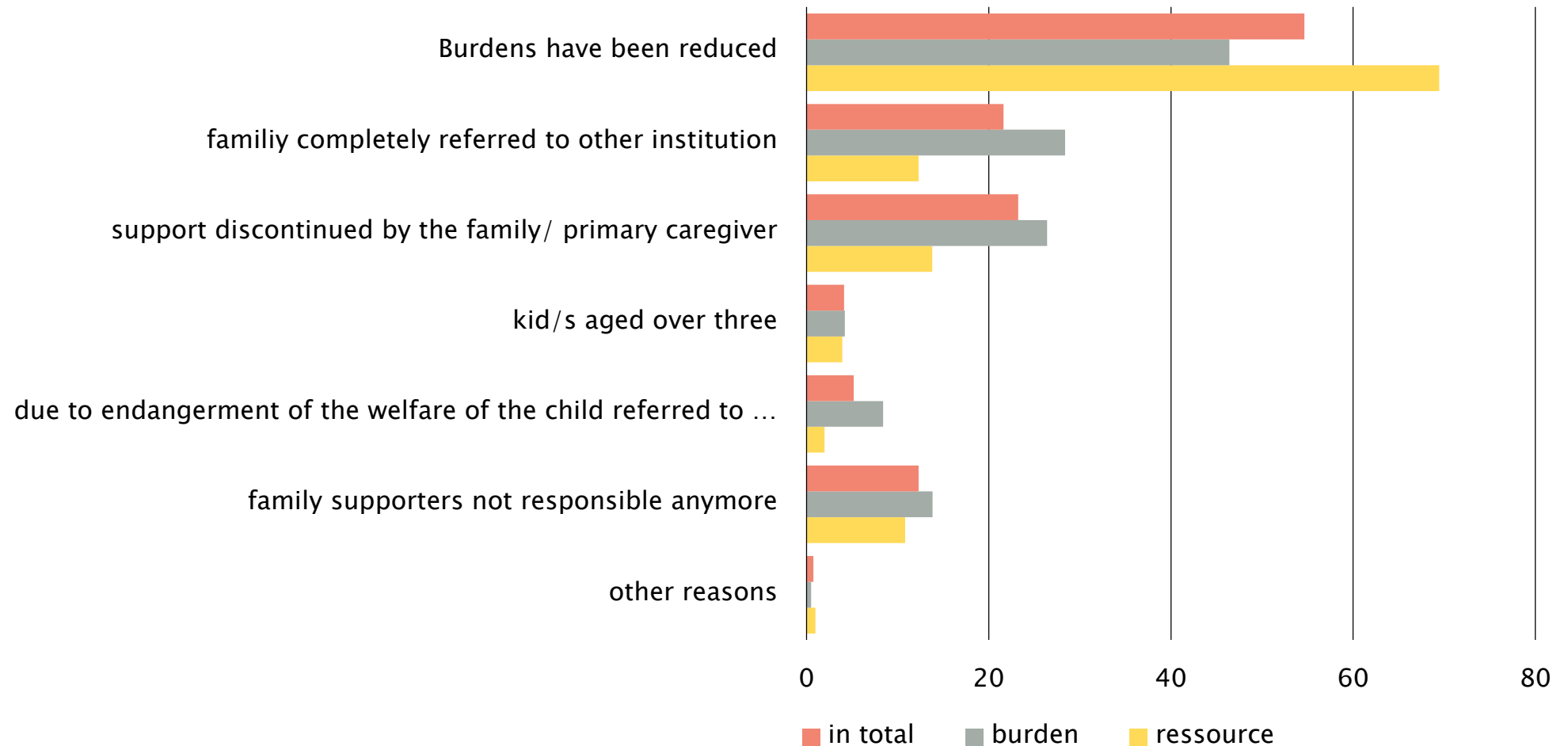
# Most frequent referrals to other services depending on the psychosocial health of the mother



Comment:

2015–2017, n=139, n=281, without Vorarlberg, in % of all terminated family supports, multiple answers possible

## Ending of family support due to reduced burdens



Comment:

2017, n=686, in % of all ended family supports, without Vorarlberg, multiple answers possible

## Conclusion and current Challenges

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Families with mental health issues are reached at an early stage and **benefit** from in-depth support and additional, coordinated services  
→ so early childhood interventions can also contribute to a healthy upbringing of children of mentally ill parents

But there are still challenges

- » networks reaching the limits of their capacities – services are not yet established to a need-based extend
- » gaps in valuable regional support systems and services (e. g. cost – free psychotherapy)
- » a basic service (universal part) not yet implemented austrian-wide
- » how can the discontinuing of support can be avoided
- » better integration of psychiatrists, specialised in the treatment of adults, as cooperation partners

# Thank you for your attention!

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