

## EXECUTIVE SUMMARY

### Perinatal and Infant Mental Health: Position Paper & Recommendations

#### The Psychological Society of Ireland (PSI) Perinatal and Infant Mental Health Special Interest Group (PIMHSIG)

January 2016

In many countries, including Ireland, perinatal mental illness goes unrecognised, undiagnosed and untreated, leading to avoidable suffering for women, men, infants and their families (Bauer et al., 2014; Mental Health Reform, 2015). There is a growing body of evidence demonstrating that women who experience perinatal mental health difficulties are at a higher risk of delivering pre-term, lower birth weight infants, and of experiencing a disruption of the maternal-infant bond, leading to emotional, behavioural and even physical disturbance in offspring (Bauer, Parsonage, Knapp, Iemmi & Adelaja, 2014; Mihalopoulos, Vos, Pirkis & Carter, 2012; OCECYMH; 2014). The recently published National Maternity Strategy 2016-2026 (Department of Health Ireland, 2016) has highlighted the important role of Psychologists in neonatal units and in delivering targeted interventions and support to those in need.

**Consultation** is needed regarding the implementation of the National Maternity Strategy to ensure a fully integrated, safe, high-quality maternity service. The PSI and PIMHSIG are well placed to provide information, research and consultation to future monitoring groups tasked with ensuring the implementation of the recommendations as appropriate. Building on the National Maternity Strategy, further consultation is needed with a view to establishing a national perinatal and infant mental health (PIMH) strategy. Such a strategy could provide a framework for the establishment of national inter-disciplinary perinatal and infant mental health teams.

**Awareness** needs to be raised regarding the optimal conditions for the healthy social, emotional and cognitive development of infants. Psychologists can play a key role in raising awareness amongst the general public, policy makers, medical practitioners, mental health professionals and other allied health professionals regarding the importance of PIMH and related skills and strategies that promote wellbeing in families.

**Workforce Development:** Psychologists are well positioned to develop and provide specific perinatal and infant mental health services, which provide psychological assessment of the parent-child relationship, parental and child wellbeing, and child development, as well as psychotherapeutic intervention and consultation to other professionals. There is a need to ensure that Psychologists, and other health professionals, working with infants, toddlers, and their families have relevant core competencies and appropriate knowledge of early childhood development and an understanding of screening and diagnostic techniques for this age group.

**Research** informed by empirical research and international standards of best practice needs to be carried out nationally. Psychologists can contribute to increasing public understanding by conducting research that informs policy decisions pertaining to perinatal and infant mental health.

**Universal Routine Screening** is key to addressing both current distress and the range of demographic, psychological and social factors known to affect perinatal mental health for parents and infants. Psychologists have a key role in this by promoting the use of efficient, reliable, and developmentally appropriate measures of social-emotional outcomes. The identification of quality local care pathways is required to reinforce the implementation of universal screening in order to address the care and intervention needs of those identified as being 'at risk', experiencing mild or moderate difficulties to those experiencing complex and/or severe mental health difficulties.

**Integrating PIMH Principles into Existing Services** including primary care, community, disability and mental health services is a necessary interim step in promoting the importance of perinatal and infant mental health within existing services. For those parents with less severe mental health difficulties or those families either at risk for or with known infant mental health difficulties, specialist psychological therapy teams are also required.

**Specialist PIMH Services** should be designed specifically for parents and babies, staffed by specialist perinatal mental health staff, including Psychologists, to provide inpatient care for mental health problems within 12 months of birth. Specialist community perinatal mental health teams are also required to support these families outside of an inpatient setting from pregnancy planning and across the perinatal period.

#### **REMIT OF THE POSITION PAPER**

The current position paper represents the position of the Psychological Society of Ireland (PSI) and the Perinatal and Infant Mental Health Special Interest Group (PIMHSIG) that psychological services are a vital element of multidisciplinary service provision in the areas of perinatal and infant mental health. This paper is a reference document and is not intended as a clinical practice guideline or policy document. It is therefore open to review periodically as developments occur within this area.

#### **CONSULTATION PROCESS\***

Through their involvement with voluntary committees and working groups psychologists in Ireland have demonstrated a long-standing interest in the area of Perinatal and Infant Mental Health. Consultation regarding the current position paper was open to all members of the PSI. The PSI and PIMHSIG would like to thank all consultation respondents for their valuable contributions.

[\*Please consult **Appendix A** of the Full Position Paper for a list of PSI members who offered feedback on the position paper.]

#### **This paper was written by members of the PIMHSIG 2015/2016 Committee:**

Aoife Menton, Chairperson  
Claire Crowe, Vice-Chair  
Nicola Lally, Secretary  
Yvonne Quinn, Treasurer  
Marian O'Flynn, Membership Officer  
Barbara Western, Communications & PR Officer  
Anne Keogh, Ordinary Member  
Helen Shanley, Ordinary Member  
Audrey DunnGalvin, Ordinary Member  
Sile Murphy, Ordinary Member