Keeping the Baby in mind in IAPT

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Workshop Objectives

• To explain what “keeping the baby in mind” means
• To increase understanding of why as Professionals we need to keep the baby in mind when working with parents.
• To increase understanding of how to keep baby in mind when working with parents
• To provide space to reflect on what things can make it difficult for us to keep baby in mind.
Self care

What does keeping the baby in mind mean?

“Keeping the baby in mind means being curious about the baby’s experience of the story being told to us by our adult clients...

....stopping and looking at the baby as an intentional, social and feeling being and seeing the story though the babies eyes.”
What does IAPT say about the Infant?

“Maternal Perinatal Mental Health is closely linked to that of the Infant.”

“This is a time for preventive perinatal interventions in order to promote strong attachment and positive parenting, thereby reducing mental health problems later for both mother and child”

(2009 IAPT Positive Practice Guidance)

What does NICE say?

“Some women with a mental health problem may experience difficulties in the mother-baby relationship…Consider further intervention to improve the mother-baby relationship.” (NICE 2014)

“The earliest experiences shape a baby’s brain development, and have a lifelong impact on that baby’s mental and emotional health.”

( The 1001 Critical Days Cross Party Manifesto 2013)
Childbearing is a critical period for the potential transmission of mental health problems from one generation to the next” (Reay et al 2015)

Focusing on the parent alone or infant alone is not enough. Working with infants and parents together, within their relationship, provides the greatest opportunity to strengthen the psychological well-being of each.(Gruendel 2014)

Working in IAPT we have contact with parents on a daily basis. Each of these parents has an infant who is living with their parents psychological distress.

https://vimeo.com/189604325

We can make a difference to this infants experience and reduce the risks from the adverse childhood experience of parental mental health difficulties
How does a Parents Mental Health problem affect their Infant.

As IAPT practitioners we understand that common mental health problems impact on how people relate to and communicate with others.

Without judgement we can consider that parental mental health problems will impact upon the parent infant relationship.

As IAPT workers we routinely consider how a clients relationships feature within their formulation and goals. WASAS questions 2 and 5 be can help us be more curious about the parent infant relationship.

How may a baby feel when parents are unwell?


  “What is happening?”
  “Why don’t you talk to me ?”
  “Where are you?”
  “No one is there for me”
  “I am alone”
  “I am falling forever”
What can we do in IAPT?

IAPT can offer Parents priority access to IAPT mental health care during the critical period.

IAPT can offer Individual and group based therapies to address parental mental health which are informed by the perinatal frame of mind (Both Parents and Infant's needs are kept in mind throughout therapy).

IAPT can join in with the development of local and GM wide integrated pathways to promote parent infant mental health - IAPT are a key player.

Joint Working with Other Services is essential

“The Integrated Parent Infant Mental Health Care Pathway has been developed in order to promote good infant and parent mental health for the population in order to reduce the incidences of early relationship problems and subsequent child and adolescent mental health problems” (Tameside and Glossop PIMH Pathway 2015)
IAPT needs to make links with all services involved with the parents or infants care to ensure effective communication and care plans for the family.

Clear referral pathways need to be established and communicated to all agencies involved with parents and infants.

Information about the service criteria and the purpose of IAPT treatment needs to be communicated to all services involved in the parent and infants care.

How does the pathway work?

All agencies need to find a common language to communicate about a parent and infant. This can be achieved via joint training opportunities, shared supervision opportunities and by having a presence in the areas where teams may be; such as Maternity Units and Children's Sure Start buildings.

This is not a new idea – Every Child Matters and Lord Laming's Climbie report highlighted the need to communicate and work in partnership with a shared language and a shared understanding of who is doing what.
Communication with Services Involved in the Pathway

- Parent Infant Services/ Early Attachment Services
- CAMHS
- Midwifery and Obstetrics
- Health Visiting
- Home Start
- Adult Mental Health – IAPT and Secondary Care
- Social Care and Children’s Services
- Paediatrics
- Early Years Education

IAPT need to agree a service policy and standards about who to communicate with and when.

IAPT and their partner agencies need to use transferable standardised assessments and observation tools.

Multi-agency working is strengthened through joint training and supervision opportunities.
How can we keep baby in mind?

- Observe the baby
- Observe the parent – infant relationship
- Observe how you are feeling
- Wonder about the baby’s experience

You are not being asked to assess the baby - just to be curious……to watch and wonder

At the point of triage and during on going assessment

IAPT teams to identify standard questions for clinicians to ask and to highlight themes for clinicians to consider - this may require liaison with other agencies to fill in gaps of knowledge.

IAPT clinicians to move away from care planning being based on strict caseness scores and instead use clinical judgement.

IAPT clinicians to hold the perinatal frame of mind considering equally the way in which the common mental health problem reported is impacting upon the parent, the infant and their shared relationship.
Risk management

IAPT clinicians to be aware of the importance of having a lower threshold for risk and to monitor risk more closely due to the acute changeability of the perinatal client and due to the additional vulnerability of the infant.

IAPT clinicians to be aware of the red flags from embrace reports and respond with urgency.

IAPT clinicians to listen to the clients family; this may mean involving family and other agencies more than in a typical case during risk assessment and management.

During formulation and goal setting

IAPT clinicians to consider the impact of the transition to parenthood when developing a formulation.

IAPT clinicians to consider the impact of the parent role upon the client’s daily life.

When agreeing goals IAPT clinicians to consider with the client what is currently meaningful, relevant and realistic (if a client is the sole carer of young child and under stress be wary of destabilising).
When choosing interventions and setting between sessions tasks

If IAPT clinicians are unsure whether an intervention can be safely delivered during the perinatal stage of the parent - check this out rather than saying an automatic No. IAPT teams need to identify someone in the service who has this knowledge or who can develop this knowledge. Whilst this in in development - use the multi agency team e.g. obstetricians/ health visitors...

IAPT clinicians to consider case by case if homework is really necessary, if so make sure it is realistic to the clients life demands. Give hand outs to aid memory.

Help perinatal clients more with getting organised as they have more to organise than an average client

Baby in the room or not?

Whatever the parent is feeling .. the baby is most likely getting a sense of whether in therapy sessions or not.

Emotion will be communicated and be felt without words being spoken.

The infant can feel contained when the parents emotion is being contained by the therapist

The containing experience of therapy can provide opportunity for the infant to receive and make sense of a more digestible version of the felt emotion.
How to manage baby’s needs and stay focused to parents goals

• Service demands
• It can be messy/ noisy and can be awkward
• Resistance - what may this mean?
• Our own emotions
• Feeling ill equipped/ untrained
• Difficulty with change
• Feeling full up
• Doing tick box/manualised therapy
• Getting out of the habit...

What can make it difficult to keep Baby in mind?

- Service demands
- It can be messy/ noisy and can be awkward
- Resistance - what may this mean?
- Our own emotions
- Feeling ill equipped/ untrained
- Difficulty with change
- Feeling full up
- Doing tick box/manualised therapy
- Getting out of the habit..
Use supervision

If you are struggling this is ok – ask for supervision and support.

Look after yourself

We have all been infants..
Some of us may be parents

This can be very emotional work

What’s happening in GM?

We are currently developing a training ladder to improve IAPT workforce’s perinatal frame of mind.

The Integrated pathways from Tameside and Stockport are to be offered as an example for all GM areas to develop.

The Parent Infant Mental Health Standards for GM IAPT services will be circulated soon to help each area assess and plan to meet the standards within an agreed timeframe.

Parent Infant Mental Health care is a Greater Manchester transformation priority
So what now……

Any questions?
Working together
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