Psychological Society of Ireland (PSI)

Opening Statement to the Oireachtas Sub-Committee on Mental Health

Meeting to consider issues relating to perinatal mental health

Chairperson and members of the Sub-Committee,

On behalf of the Psychological Society of Ireland (PSI), I would like to thank you for the opportunity today to address the Sub-Committee on Mental Health.

I am Dr Eithne Ní Longphuirt, Chair of the Psychological Society of Ireland's Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH). I am joined by my colleague, Dr Jillian Doyle, also a committee member of SIGPIMH. The PSI is the learned and professional body for psychology in the Republic of Ireland.

In 1960, the attachment theorist David Winnicott wrote that "there is no baby without a mother". What he was discussing was the importance for the baby of having someone to take care of its needs. Perinatal services are where the earliest interventions begin for mothers, caregivers, and infants, who for a variety of reasons are struggling. These are the interventions that set the foundation for the mother-child relationship, and indeed provide the blueprint for much of a child's later emotional development. We are all aware that in 1960, the experience of mothers and children in this country was very different from what it is today. Indeed, it is only now that this State is making reparation for injustices perpetrated on young mothers and their children. We know the damage that is caused by separating infants from their primary caregivers. We know that investing early and smartly by supporting parents and family systems in their journey through early parenthood is likely one of the more cost-effective ways to promote mental health. The Model of Care for the Specialist Perinatal Mental Health Service (SPMHS) highlights the importance of parent-infant mental health services in

assessing and providing care for mothers who are at risk of relationship and parenting difficulties. The model advocates for a focus on mothers, infants, and relationships, in the context of the broader family. As psychologists, we believe that providing therapeutic input to the parent will always benefit the infant. Today, we will advocate for a broadening of the model of perinatal health to include those who have been largely excluded, to provide a continuum of care between perinatal and community services, and most importantly, to invite the infant into the perinatal services and the services into the world of the infant.

As the perinatal model of care takes root, we increasingly recognise the need to provide services that cater to the needs of the mother-child dyad. SPMHS teams are at capacity in meeting the mental health needs of pregnant and postpartum people in the perinatal mental health period. Capacity has been further stretched with the 20% increase in birth rates since COVID. We know that the first 1,000 days are the most significant in a child's development, with the first 100 days being particularly critical. In this regard, we believe each of the hubs of the SPMHS would benefit from an infant mental health practitioner to fully realise the philosophy espoused by the perinatal model of care. We believe it is vital to integrate the services offered to the infant and the mother. We must learn from our history of separation and move towards combined care that supports early relationships between caregiver and baby. This approach encourages the global development of babies and alleviates the mental health burden on parents and children, in turn, decreasing the impact on the health service in the future. The current iteration of the perinatal services is not equipped to carry out work with babies. Services are in portacabins, in shared office spaces, or in the clinician's own home when no clinical space is available. We need to open and expand our perinatal services so that both mother and baby are facilitated to accomplish the tasks of parenting an infant. The dyad needs to feel comfortable and supported, and clinicians need to have the appropriate tools to hand to do the necessary therapeutic work.

Primary care services in Ireland are ideally placed to meet the unique experiences of the perinatal period. These services support early relationships, development, and attachment in mother-infant dyads and the broader family system. The SPMHS model of care advocates for primary care psychologists to prioritise pregnant women. Two issues have arisen that have blocked this important pathway of care. Firstly, the recent restrictions in certain areas on universal public health nurse (PHN) screenings, on which the PSI previously addressed. These PHN visits are a crucial source of referrals to primary care psychology and their absence means that babies and parents in need of perinatal and infant mental health supports are not identified. Secondly, primary care psychologists carry large caseloads, with ever-growing demands in the form of longer waitlists. We believe investment into primary care psychology, and consideration of its merits as a frontline service for those in the perinatal and infant period, will ensure a continuity of care for women and families.

Ordinarily having an infant in a neonatal intensive care unit (NICU) is perceived as a traumatic and stressful life event. For many parents of infants with complex medical needs, they are catapulted onto

a rollercoaster of worries, threat, and vulnerability. Unsurprisingly, parents of premature infants in the NICU are at high risk for depression, anxiety, and acute traumatic stress with potentially negative implications for parenting and infant development. To this end, a scoping review of the literature recommends ongoing assessment of the perinatal mental health needs of parents as part of the network of services available in NICU care to help parents meet their own needs and, in turn, the vital emotional needs of their infants. A "baby blindspot" exists in children and young people's mental health policies, strategies, and services. Caring staff currently provide excellent medical care of neonates in NICU in maternity hospitals and in paediatric intensive care units (PICU) in paediatric hospitals. However, these centres need perinatal and infant mental health psychologists. Adequate staff resourcing of the Health and Social Care Professionals (HSCP) team as highlighted in the Neonate Model of Care (2015) would help actualise perinatal mental health for parents and infant mental health for babies across the NICUs and PICUs in Ireland.

The role of partners and fathers in supporting the mother-infant dyad is often omitted within services. Evidence suggests an unmet treatment need for paternal depression and anxiety. Lack of support from the partner is one of the strongest predictors of postnatal depression in women. Furthermore, evidence suggests LGBT+ couples can experience discrimination and may not be fully supported within maternity or health settings due to heteronormativity and professional's attitudes and practices. To date, no service provision has been developed for partners in the perinatal period, including those within the LGBT+ community. The Psychological Society of Ireland believes that this is a service gap in need of further exploration.

Teenagers are at high risk for developing mental health disorders and post-traumatic stress disorder (PTSD). Due to their age, this cohort cannot access perinatal mental health services, denying them access to timely and appropriate care. While Child and Adolescent Mental Health Services (CAMHS) may see these young women, these services are stretched beyond capacity and unlikely to have specialist training in perinatal mental health. We advocate for the provision of psychological care to this cohort and believe a working group could be formed to explore how best to provide this care.

Principle 17 of the Perinatal Mental Health Care: Best Practice Principles for Midwives, Public Health Nurses and Practice Nurses Mind Mothers Project states that care offered to women should be based on the principles of trauma-informed practices. Pregnancy can be a time of vulnerability for many women. Anxiety about the unknown and feeling out of control are common experiences. Additionally, many women have been exposed to traumatic life events. Trauma informed care prioritises safety, choice, decision making and control. Trauma informed care involves informing the woman of her options, ensuring that she understands what to expect throughout the perinatal period and supporting her to make informed choices about her and her baby's health. Development of a specialist, key worker-led pathway for women who have experienced trauma or are at risk of developing trauma during the perinatal period could be explored as an option for women who have a prior history of trauma and feel that they would benefit from having the support of one professional throughout their

perinatal experience. This role could be fulfilled by a dedicated professional, for example, a mental health advocate or by the multidisciplinary team (MDT) member with the most involvement in a woman's care. Healthcare professionals also need to be supported in delivering trauma informed care via the provision of adequate staffing, breaks and annual leave. In addition, staff need regular training and supervision around how to communicate to, and care for, women, particularly women with a prior history of trauma. The PSI recognises that becoming trauma informed and operating from this value base will require significant systemic change; however, we believe that ultimately the benefits to women, infants, partners, healthcare staff, and society will greatly outweigh the cost of change.

According to John Bowlby, eminent psychologist and Psychiatrist in a 1951 World Health Organization (WHO) report, "If a community values its children, it must cherish their parents" – In the PSI and our special interest group, we strongly believe that perinatal and infant mental health services offer a unique opportunity to cherish both parents and children in Ireland. We urge you - the leaders of our country to invite in the infant, invite in the mother and invite in the family. As a state we have birthed these perinatal services; now is the time to parent them and help them to reach their full potential.

Representing the Psychological Society of Ireland at the Oireachtas Sub-Committee on Mental Health meeting to consider issues relating to perinatal mental health are Dr Eithne Ní Longphuirt and Dr Jillian Doyle.

Meeting details: Tuesday 18 October 2022, at 11am in Committee Room 1, LH2000, Leinster House.

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