

## The critical interface

# Building a partnership between Specialist Maternal Mental Health and CAMHS.

The benefits and challenges.

Cindy Smith  
Psychotherapist  
Specialist Maternal Mental health

## Specialist Maternal Mental Health

- A multi disciplinary team-5.5 FTES.
- A tertiary service-only accept referrals from Gps, Midwives and other health Professionals from hospital based services.
- Work with women who are experiencing a moderate to severe mood and/psychotic disorder related to pregnancy or the post-partum period.
- A Regional service. Case management work across CCDHB and HVDHB. Contracted to provide consultation-liaison and education to 5 other DHBS.

## The teams development.

- The team has been operating for ten years and came out of the recommendations from the Mason report.
- The team has created a culture and style reflecting the integration of contract requirements and the individuals involved in the team.
- A team which is embedded in understanding the importance of the Maternal/family's experience on the developing infant.
- Creation of a position for a parent/infant psychotherapist in the team in 2003.

## CAFS Team

- Been around forever
- Multi disciplinary team with a unique integration of systemic thinking and understanding of emotional development of children in the context of their cultural/family environment.
- A healthy CAFS team should reflect this process and have the capacity for healthy debates regarding the pathologizing of children's symptomology into mental disorders.

## Natural fit

- Both teams share an understanding and enthusiasm for the emotional development of the infant/child in the context of the primary relationships they experience.
- A belief in the dynamic approach of working creatively together with what walks through the door. “Many ways to skin a cat”
- Support from team leadership regarding a fluidity across teams.

## Benefits

- Containment/therapy provided to a Mother/parent that supports the therapy with the child. Supported by a good understanding of the dynamic process issues.
- The Maternal team whilst working with the newborn can identify a Mother's difficulties related to an older child in the family. Joint work in this situation greatly benefits all the relationships.
- Fluidity between teams breaks down the artificial barriers families experience due to services boundaries.
- Great sharing of skills and knowledge.

## Benefits cont....

- Maternal mental health have skills in working with adults with complex presentations.
- PTSD. Personality disorders. Major mood disorders. Psychosis.
- The impact of these experiences for Mothers on forming attachments with infants which build self regulatory function and resilience.
- Clinicians have developed skills in working in the context of these experiences using different approaches.

## How it works.

- Clinicians in Maternal utilize different approaches.
- Watch wait and wonder. Parallel work. Incredible years. AAI trained. Parent/infant psychotherapy. Systemic family.
- Many of these skills/training are shared by our colleagues in the CAFS teams.

## How it works cont....

- Clinicians working in the Hutt Valley area work closely with the CAFS team. Clinicians attendance of the 0-5 team's supervision group regarding shared cases.
- In Wellington we work closely together (helped by same building). We have a joint group who meet to share case work/video material and plans for future development.

## Case examples

- A mother with a seven year old boy (result of a rape) was referred to the Maternal team with her second baby. Mother diagnosed with PTSD
- Through the assessment process became apparent that the 7 year was like the “invisible child”
- Referral to CAFS for joint work. Mother sat with clinician from Maternal behind screen and using (the flash gear in the Hutt) firstly the TV screen began to grapple with “seeing” her boy.
- Advantage of therapeutic work continuing for the mother with PTSD, as well as the holding provided to the work with her older child. The older boy positive experience of beginning to be “seen” by his mother, safely.

## Case example 2

- The CAFS team were seeing a family with one child a boy aged 3 years, who was referred for “out of control behavior”. Escalating tantrums, biting and kicking of mother. Father not experiencing same level of disturbance, and Paternal grandparents felt he was a typical boy who just needed a firm hand.
- Through the assessment process it became apparent that the mother had experienced a punitive relationship with her own mother, absent father. Also experienced a traumatic birth, resulting in a emergency caesarian section.
- She had felt a failure and felt she had let him down in the birth which had placed them both under a great deal of stress. She had continued to try and ameliorate his experience, which subjectively left him feeling abandoned and his behavior continued to escalate to look for containment.

## Case study 2 continued...

- She became pregnant and was referred to our team.
- Maternal clinician focused on the trauma and developmental history of the mother in her own family.
- Psycho/educational work regarding early attachment and process of building resilience and self regulation.
- Joint family work occurred to strengthen parenting team, and increase the understanding of the mother and boy's experience