



CCDHB Specialist Maternal Mental Health Service

perspectives on development of
services for infant mental health

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apologies to Winnicott

- 'there's no such thing as a baby'
- risk of pathologising infant
- need to remember 'good enough' parenting

weapons vs tools

- care with interpretation and use of attachment-related understandings and neurobiological findings
- frightened adults will frighten babies
- we develop in response to both damage and repair
- consistently 'perfect attunement' does not necessarily equip us well for modern life

silos and risks

Focus on needs of infant are commendable
but:

- potential for further isolation and fragmentation of services
- 15+ MMH services already exist in NZ (+ how many CAFS/CAMHS ?)
- joined-up thinking and collaboration potentially benefits us all

need for focus

- prioritise those we already know are most 'at risk' ('D' category) ? + others
- need for cross-sectoral alignment (eg. MH & CYF, NGO contribution, HHS WHS)
- best interim immunity is for all of us to be well 'held' across the sector - accurate perception & reflection, attuned response ...
(and forgiving error in anxiety-laden contexts)

collaborative working

- systemic:
 - funding for a range of therapeutic activity
 - capacity-building - infant as focus
 - access
 - broad dissemination of attachment-informed relationship interpretations
 - supervision & training

collaborative working contd.

- we work with the mother-infant relationship on many levels:
 - overt therapeutic/play-based work (WWW, PI psychotherapy)
 - educational/supportive
 - covert/incidental in 'natural' environments
- involves working with family, significant others, and a range of community services in addition to traditional 'therapeutic' services in family's own environments