

Service Summary - Perinatal Mental Health Lead

Perinatal mental health includes parent-infant mental health.

The Perinatal Mental Health Lead provides training to Midwives, Health Visitors (HV), GPs, Mental Health Practitioners, Social Care and Family Support Workers. The Lead provides consultations to HV to embed the training, support HV listening visits and improve referrals. The Lead works on developing service delivery, and has a clinical role. A referral pathway has been introduced and care pathways are in development.

The Perinatal Mental Health Lead specialises in providing parent-infant therapy using a variety of approaches. The feedback by the service user focuses on her experiences of Video Interaction Guidance, Watch, Wait and Wonder and traditional parent-infant therapy.

Feedback complements an evaluation that the Perinatal Mental Health Lead undertook focused on Watch, Wait and Wonder, which found that the intervention significantly benefited the mother's mental health as well as the parent-infant relationship, including improving depression, anxiety, work and social functioning, self-esteem and parental stress.

Key areas of responsibility include:

- Training practitioners – for example Perinatal Mental Health and Parent-Infant Mental Health
- Providing consultations and supervision
- Liaison and advice to other services including health, council and voluntary
- Developing resources for services (including the Parent-Infant Relationship Resource, New Baby New Feelings (antenatal and postnatal), Just Had a Baby Booklets)
- Developing and improving services – developing referral and care pathway
- Improving service delivery
- Providing clinical interventions - specialising in parent-infant therapy

Summary of main therapeutic interventions used:

Watch wait and wonder is a parent-infant therapy aimed at enhancing the parent-infant relationship and attachment with particular reference to maternal sensitivity and mind mindedness. This is an intervention that can benefit the parent-infant relationship, maternal depression and parental stress and is an attachment based parent-infant therapy operating at representational and behavioural levels. Its focal point is the parent-infant relationship in which both mother and infant are encouraged to negotiate change. Each session has two parts. In the first half of the session the therapist directs the mother to engage with her baby by following her baby's lead. The mother then interacts with the infant, following the baby's lead and initiatives, whilst the therapist watches and waits. The second half of the session is focused on the mother's observations and experiences of the previous interaction with the therapist helping her think about the relationship in the here and now and what it represents. The interaction encourages an observational attitude from the mother and experiential learning of relatedness, promoting secure attachment as it facilitates mothers to 'perceive their infant's emotional signals, respond sensitively, display affection and accept their infant's behaviour and feelings'. Watch wait and wonder has been found to significantly improve the parent-infant relationship and also maternal mental health.

Video Interaction Guidance is an approach where by edited video clips of "better than usual" communication between the parent and child are shown to the parent and are the basis of reflective dialogue about how to develop the relationship further. It is a relationship-based intervention which helps parents become more sensitive and attuned to their child's emotional needs, regardless of the age of the child. There is a growing evidence base for the effectiveness of relatively short sensitivity-focused interventions with parents using video feedback in an attuned way. NICE PH40, (2012) recommends VIG to improve maternal sensitivity and mother- infant attachment.

Often in my practice I use a combination of both VIG and WWW.