**Parent Infant Mental Health Assessment Care Pathway – Supporting Information**

*Infant brains develop rapidly in response to early interactions; therefore, it is crucial to consider parent infant relationships in our contacts with families. The relationship between parent and child should be explored at all contacts with health professionals during pregnancy and early childhood.*

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| Setting the scene |
| It is important as part of the collaborative process, to advise parents of what you plan to cover in the contact and seek permission to explore sensitive topics with them (such as their mental health and relationship with their infant).  For example, you could do this by asking the following:   * Antenatal – ‘Part of my role today covers how you are feeling in pregnancy’ would it be ok to talk about your relationship with bump/baby?’ * ‘Part of my role today covers parent infant relationships; would it be ok to talk about how you are feeling about your relationship with your baby?’ * ‘Is your relationship with your baby how you hoped it would be? Is it how you expected that it would be?”   Alongside this, it may also then be helpful to follow on with a normalising statement which may reassure the parents that there is no judgement being made about them.  For example:   * ‘It is perfectly normal in the ante/postnatal period for parents to have mixed feelings about themselves/baby/ their relationship with their baby’ * ‘During pregnancy and the first two years after having a baby, all parents are more likely to experience mental health difficulties’ |
| Considerations for the practitioner and their approach to this discussion |
| You have acknowledged that the client may have mixed feelings regarding their relationship with their child. It is important to create a space that will allow the parents to explore this further with you.  Self awareness is a really important part of this process and involves the practitioner knowing and understanding their own character, feelings, motives and desires.  Things to consider within your approach:   * Being genuine - sincere * Unconditional positive regard- refers to accepting and supporting another person, exactly as they are, without evaluating or judging them * Empathy – the ability to understand and share the feelings of another * Warmth – eye contact, nodding, smiling * Responsiveness- practitioner discussions/ behaviour being influenced by client’s characteristics/ behaviour * Listening/reflective/ questioning skills   Families who have experienced an admission into a neonatal care unit are more vulnerable to mental health difficulties in the perinatal period. An admission to a neonatal care unit carries with it an increased risk of trauma regardless of circumstances or length of stay. All parents should be asked:  “Was your baby admitted onto a neonatal care unit?”. |
| Face to face/ remote |
| Depending on the mode of your contact, you may need to adjust your questioning slightly in order to take into consideration that you may be unable to observe parent-infant interaction.  The following resources may help you to develop these conversations with clients: |
| Assessment tools |
| An assessment tool will help give you a measure of quality of the parent-infant relationship as reported by the parent. Introducing the tool is helpful for the parent and can be reassuring as some of the questions within the assessment tool may sound confusing or hard to answer:  For example:  ‘If it is OK with you, I would like to take you through a questionnaire that will help us ascertain what aspects of your relationship with your baby/child you feel are going well but that also may feel difficult. Is that OK?’  Assessment tools can also be used as a prompt to help guide your discussion around the parent-infant relationship and you can deepen your discussion based upon the answers given. For example by asking questions such as:  ‘Could you explain your answer a bit more’  Or  ‘I am wondering how that makes you feel’  Practitioners can utilise any assessment tools/ interventions they feel competent to use in their practice that will support this discussion. Some of these tools require training to use effectively and some can be used without prior training.  Some suggestions would be:  ASQ-SE / NBO / NBAS / PBQ / PIIOS  Other questionnaires that could supplement your discussion may be:  PHQ-9 / GAD-7 / EPDS / risk assessment |
| How to approach a discussion if a problem is identified within the parent-infant relationship |
| If an issue is identified within the parent-infant relationship, it is important to be open but sensitive in how you discuss this with parents.  You may consider the following:  ‘Thank you for sharing your thoughts with me. Based on our discussion it seems that things feel a little difficult for you in terms of your relationship with you and your baby/infant. Do you agree with that?’  ‘Is this something you would like support with?’  If the client would like support, now is the time to gain consent for liaising with other services that may help inform the action plan. Documenting consent is really important. |
| If the client does not want support or there are issues identified within the parent-infant relationship, consider how the universal offer can maintain this. |
| Now is a good opportunity to reflect on the parent-infant strengths and let families know what support is available regardless of their level of need.  Advise client of support available from your local Health Visiting service and other community based services. Some people may prefer to access support via Mental Health Services and all clients should be given choice around how and when to access support.  Suggested possible resources may include:  Tiny Happy People website [www.bbc.co.uk/tiny-happy-people](http://www.bbc.co.uk/tiny-happy-people)  BFI Building a Happy Baby [www.unicef.org.uk/babyfriendly/baby-](http://www.unicef.org.uk/babyfriendly/baby-)  [friendly-resources/relationship-building-resources/building-a-happy-baby](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/building-a-happy-baby/)  Baby Buddy App / Best Beginnings website [www.bestbeginnings.org.uk](http://www.bestbeginnings.org.uk/)  Vroom App and website [www.Vroom.org](http://www.vroom.org/)  Baby states -AIMH UK website [aimh.org.uk/getting-to-know-your-baby](https://aimh.org.uk/getting-to-know-your-baby/)  Big Little moments [blackpoolbetterstart.org.uk/biglittlemoments](https://blackpoolbetterstart.org.uk/biglittlemoments/)  Open Paws Website [www.openpaws.co.uk](http://www.openpaws.co.uk)  Every Mind Matters [www.nhs.uk/every-mind-matters](http://www.nhs.uk/every-mind-matters)   * Listening visit available from your Health Visiting service * third sector / peer support in your area/ children HUBS?   Reassure parents that if they ever feel that their situation changes or they identify that they need further support, they can contact your service to discuss. Provide all relevant contact details to them. |
| Resources to support staff development |
| Dr Ed Tronick still face experiment with Mother - <https://www.youtube.com/watch?v=apzXGEbZht0>  Dr Ed Tronick still face experiment with Dad - <https://www.youtube.com/watch?v=7Pcr1Rmr1rM>  Brazelton UK [https://www .brazelton.co.uk/parents/](https://www.brazelton.co.uk/parents/)  NCT Promoting positive parent-infant relationships <https://www.nct.org.uk/>  NSPCC <https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/look-say-sing-play/>  Institute of Health Visiting <https://ihv.org.uk/> |

**Feedback**

We would greatly appreciate any feedback you can share on your experience using the Parent Infant Mental Health Assessment Care pathway in practice to support the development of these resources. Please send any thoughts and comments to: [Bethany.Luxmoore@nhs.net](mailto:Bethany.Luxmoore@nhs.net) . You may wish to use the table below to structure your feedback.

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| Name *(optional)* |  | | |
| Role |  | | |
| Have you found these resources useful? | Not at all useful | Somewhat useful | Very useful |
| What has been useful for you? |  | | |
| Who will you share these resources with? |  | | |
| Have these resources helped you to change how you interact with families? | Not at all | A little | A lot |
| What will you change about your interactions with families? |  | | |
| Did you notice any responses from the families you worked with after you made these changes? |  | | |
| What could we do to improve these resources? |  | | |