

Practice skills to promote infant and parent mental health in the first twelve months of life

Webinar Transcript

Vicki Mansfield:

Good evening and welcome to tonight's webinar. We'll go to our first slide. So, welcome to our webinar this evening and on practise strategies for working with infants and parents in the first 12 months. And I'd like to acknowledge that I am meeting on Awabakal Country tonight, and I want to pay my respects to Aboriginal and Torres Strait Islander people as the Traditional owners of the land we work on, play on and walk on throughout this Country. And I want to acknowledge the importance of land connection to water and culture, spirituality and family for Aboriginal children and their families. And feel free to add into the chat box what country you are coming from this evening if you'd like. So, welcome, I'm Vicki Mansfield, Practise Development Officer with Emerging Minds, and this is our first webinar in our sixth series on Infinite Child Mental Health and it's collaboration between Emerging Minds and the Mental Health Professionals Network.

So, it's great to have you here for our first webinar this evening, and we'll have some upcoming webinars coming up in the next period. So, the next one's in September, and it'll be on supporting child mental health when working with separated parents. And then we are looking at Child Mental Health and ADHD in November and Child Mental Health in First Nations communities in February, and understanding children's mental health in culturally diverse communities coming up in April. And then practise strategies for children experiencing and bullying behaviour in June. So, if you'd like to receive information, you can subscribe at emergingminds.com.au or the MHPN portal. So, that's what the sixth series is looking like. And so now just some information about our platform for the evening so we can navigate it. So, we have the three dots in the lower right corner that will give you access to the information and you can look at the slides, the resources, the survey and technical support in that area.

And then we also have the access to the chat, which is in the top right in the speech bubble. And to ask a question, you can click the speech bubble in the lower right of your screen and submit a question and we'll be monitoring those through the webinar. And so our learning outcomes for this evening, we are looking at a case study, and I won't go through them extensively, but we are looking at the practise skills that nurture the developing parent-child relationship and looking at the practical and emotional transitions of parenting that occur in the first 12 months. So, each of our panellists will explore those outcomes throughout the evening and to introduce our panellists, the bios are in the information session, in the information tab if you'd like to go and have a look at people's full bios. But just to get the ball rolling, I'd like invite Sarah to unmute herself. Sarah is our Child and Family Partner this evening from South Australia. Welcome Sarah.

Sarah Reiman:

Hi Vicki.

Vicki Mansfield:

It's lovely to have you. And Sarah, you have been very generously supporting Emerging Minds in developing our resources, developing a podcast as well. So, just briefly, Sarah, what's that experience been like to develop resources for practitioners and share your lived experience?

Sarah Reiman:

It's been incredibly rewarding. I find that it's an opportunity for me to share some of the experiences that I would rather others don't have to go through and just to kind of make things better for the next round of mothers who are up and coming.

Vicki Mansfield:

Awesome, Sarah, thank you. And it's great to have you and we look forward to hearing more from you. And now I'd like to invite Jessica Grant, who's a social worker in New South Wales. Welcome Jess.

Jessica Grant:

Hi Vicki.

Vicki Mansfield:

It's lovely to have you with us. And Jess, similarly, you have been supporting our practise strategies and assessment course and really sharing your wisdom and insights from a range of services that you've worked with. So, what's your insights around the benefits of interdisciplinary care for infants from your experience, Jess?

Jessica Grant:

Yeah, Vicki, I really think that it's pretty simple that when you work in an interdisciplinary team, that means that there's lots of people with lots of different viewpoints that can share thoughts about the baby and hold the baby in mind. And that's really important because lots of services are often very adult focused. So, I can certainly remember sitting around the kitchen table at one of the services I worked at where everyone would be saying, what about the baby? Where's the baby? And all of this. So, just keeping that baby right at the front of the mind.

Vicki Mansfield:

Awesome, thank you Jess. And I look forward to hearing your presentation. And then I'd like to introduce Lauren Keegan, who's a psychologist in New South Wales. Welcome, Lauren.

Lauren Keegan:

Hello Vicki.

Vicki Mansfield:

It's lovely to have you. And Lauren, you've developed a podcast with us in recent months, which is on our genograms and understanding intergenerational relationships. And Lauren, what do you find rewarding about this work in the perinatal and toddler years?

Lauren Keegan:

I really do enjoy using genograms with perinatal populations, and I just find the work really rewarding because you are getting in really early to work with families right at the very beginning and can make a real difference in that transition and kind of supporting them in those early years.

Vicki Mansfield:

And it's such a big transition, which is what we're talking about tonight. So, some of those big transitions. So, thanks so much Lauren. And so each of our panellists will talk to a presentation and then at the end of the presentation we'll have time for questions. So, feel free to add in questions if you have questions. So, to kick us off, I'll invite Sarah to join us and share her presentation. Thanks Sarah.

Sarah Reiman:

Thanks Vicki. So, I wanted to talk about a bit of a mix of the experiences I went through when I was first pregnant and when I first had my son. So, as it's noted there, each step of this journey is about transitions and each transition leads you out of something that you've become comfortable with and into a new step. So, you've just gotten used to pregnancy, then you move into birth, then you'll move into parenting. Now, my son had a very fast birth and inhaled fluid during his birth, so he spent two weeks in the NICU. Now, I only have one child and I don't know very much about babies and all I could do was sit by and watch. I spent two weeks watching other people care for my baby. They gave us pointers and they helped, but I couldn't feed him properly, I couldn't burp him properly.

I just had to watch other people who just managed it with ease. It was very helpful. There were some nurses who were very helpful, who showed me things. I had to bathe a baby and also tried to teach me how to burp him. And also the hospital where I gave birth had a programme where we'd have a practitioner visit us afterwards, not a maternal midwife, but somebody else who would help with things like bonding and sleeping. And my husband and I sleeping as parents as well. But, what would've been really helpful would've been if somebody could show us the small things, like how to bond with a baby, how play with a baby, how to feed a baby. It's not instinctive. And I would've liked somebody who was able to work with me with what I was capable of doing. I was terrified of my own son. And it would've been so helpful just to have someone help me with that. And I found that the support drops off very fast when you move into parenting. Going through the birth, you'll have a lot of medical support. And then as soon as the baby's out, that's when the hard times come. Next slide please.

So, I found that one size doesn't fit all the medical advice that we were given was great medical advice, but it didn't work necessarily for our family. We also found that I felt like I couldn't have some of the more uncomfortable conversations. I couldn't breastfeed, I wasn't able to do it. And I had one nurse who was comfortable enough to say to me that this is okay and that I could still feed my child. Every other nurse was pushing that breastfeeding narrative onto me. And while I understand that breast milk is best for the baby, if it wasn't working, wasn't working. And I also found that having a consistent message between practitioners would've been helpful too. Where we were given information from one

practitioner that was different or contradictory or out of date compared to what other practitioners were able to give us. It was extremely unhelpful in an already very, very stressful time. Our lives. Next slide please.

And speaking of consistency in practitioners, my son didn't feed very well. Even when he was feeding from bottle, he wouldn't eat for me. He would eat fine for people who knew what they were doing and had the confidence. So, what I was finding is when the midwives were visiting, I would have to repeat my explanations every single time. No, he won't eat 80mls, he can't eat it, he'll eat 40mls. It doesn't matter what I do, he won't take it, he'll throw it up. I had one practitioner followed me around the house in my safe space with a calculator, waving in a calculator at me saying, you must feed your son 83mls in four hours and if you don't do this, he's going to starve. Which broke my confidence and that was probably the worst time. And from there I found myself sliding towards perinatal depression because I can't feed my son. I begged the midwife to take him back to the hospital and that was the hardest time. But the next day we went and saw our GP and he was validating, he was reassuring. And that quote at the bottom there, he said to me, you are his mother. You know more than anybody else what is best for your child. And I needed to hear that, especially when I'd had a string of midwives tell me that I wasn't doing good enough. That really, really helped. We'll go to the next slide please.

Transitioning into parenting from birth is a really difficult task because when you go through pregnancy and birth, these are both very medically intensive times in your life and then suddenly have a whole new person we have to live with. Learning to play with my son was not instinctive. I really didn't know what I was doing. I've never had experience with children. I understand the importance and the benefits of play and some support with how to do that would've been extremely helpful, especially when we first started heading home, when we first headed home with him and we're now in a home environment with a child. The whole experience from pregnancy, birth and baby felt like there was a lot of challenges in each of these steps of transitions. This one was very hard because you're expected to know what you're doing with a baby and it's just not everyone can do that. And thank you very much, Vicki.

Vicki Mansfield:

Thank you Sarah, and thank you. Sorry, mute always catches me. So, yeah, thank you Sarah for sharing your experiences. That transition is such a big change in our lives and it's great to hear your experiences and what was supportive. Thanks so much. And so I'll ask Jessica, if you'd like to share your presentation with us. Thanks.

Jessica Grant:

Thanks Vicki. So, I'm going to talk tonight from a social work perspective and what that means is that the lens I'm coming from is looking not just at the individual but looking at the broader structures around the individual, like family networks, broader systems, cultural influences, and then from a parent and infant mental health perspective, putting together the relationships between the individuals within the family. Next slide please.

So, the thing that stands out in the case study, and I hope everyone who's watching has had the opportunity to look at the case study, is that the challenges between Sam and Clare are the things that really stand out in the case study. What I'd be interested to do with this family is to look from a family focus lands at really how the family are functioning. And I'll do this for a couple of reasons. One is that looking at a family lens takes some of the pressure off Sam as the mum and makes Pete as the dad much

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more visible when we're trying to understand what's happening. And this a way to challenge some gender stereotypes around caregiving for infants as well. So, I'm looking at how the family communicates with one another, how the roles and responsibilities within the family are divided and whether that's shifted and changed since baby Clare's been born. I think it's interesting to find out how the family work together, how they make decisions, how they manage conflict. The other things I want to know more about are particularly around Sam's mental state and how she's coping. And I think assessing Clare's development is really important too. Parents often are fairly interested in knowing where their infant is at. Next slide please.

So, one of the other things that's really important is to recognise the strengths that we might see within a family and to also identify and look out for any risk factors that might be present. And if we're seeing any risk factors to be really clear with the family about what we think those things are and to make a plan around addressing some of those risk factors. So, for this family, I'd be really focused on making sure that we can have a plan in place to support Sam if she hasn't been able to sleep and might need some help to care for Clare. And I think we also would need to have a plan in place for what we would do if Sam's mental state really declined and things became a little bit more acute or a little bit more urgent. And when we make plans around addressing risks with families, it's important that we communicate that plan not only with the family, but with anyone else that might be involved in that plan so that they know how to support when the time comes if that's what's needed. Next slide please.

So, I want to just spend the remaining part of my presentation talking about some of the really practical things or some of the really direct things about working with this family. And the approach that I'd like to take is to try and weave together the practical care that the family need as well as some of the support that the parent and infant relationships need as well. So, I think one of the things that was really obvious and really stood out was sleep. So, Sam's very sleep deprived, and so talking with the family about how we can promote the sleep for everybody in the family, the adults and the baby would be really important. And I'd also consider whether getting some support with sleep and settling from a child and family health nurse or a service like Ilian or Ani could assist with this family as well.

Monitoring and managing mental health is another big practical consideration and I'd probably lean into some of the support. So, through the GP to hold and assist with this. In terms of focusing on the parent infant relationship, what I really would like to get happening is for Sam and Pete to be able to reflect on what they think baby Clare needs and to be able to respond to her cues. So, this might start with some psychoeducation about infant development communication and what baby cues actually look like. And the circle of security parenting is a good resource that I use a lot because it has a neat map that pretty clearly explains what infant cues can look like.

I'd be working with Sam and Pete and really maybe using that experience when Clare gets upset over nighttime to talk to them about what normal developmental expectations and routines are. But as Sarah mentioned in her presentation, it's important to match this up with what Sam and Pete know about Clare as their baby. And for me not to take an expert position, I try to work on Sam and Pete's reflective capacity and asking them what it's like for them when Clare gets upset and then what they think it's like for Clare when she's upset. And I'd get them to try to think about what they think Clare might need in those moments practically and what she might also need emotionally. And sometimes we can get a bit caught up in trying to get it right, but I just encourage people to wonder and have a guess and then try something based on that guess and then evaluate how they think that met their baby's needs.

Some other considerations. Are there other supports that this family needs? So, does Sam need to be able to have a contact that's not parenting related, and is there maybe a neighbour or someone close by that can be someone that can delight in Clare, given that Sam's family is often very far away. And also thinking about other underlying issues and whether addressing some of those could help the family. So, we know Sam had a loss early in her life very unexpectedly, and that could be impacting on her experience of parenting and also thinking about Pete's son, Adam and his role in the family and whether there's any support that could assist with that as well. So, those are my thoughts.

Vicki Mansfield:

Thank you, Jess. And Jess, that's really comprehensive and I really appreciate that looking at the layers within from the individual kind of out and for both parents and also for the child and what that means. So, thanks very much Jess. And now I will ask Lauren to share her presentation from her perspective. Thanks Lauren.

Lauren Keegan:

Thank you, Vicki. Well, as you can see from Jess's presentation, there's lots of areas to explore with this family. And as a perinatal psychologist, I look at mom's mental health, but also the parent-infant dyad. So, I'm interested in attachment and the relationship. So, you can see on the slide here, I've created a genogram based on the information we know about Sam and her family from the case study. So, I use genograms to not just gather demographic information, but I use it as a relational tool as well to understand the client's history, relationships, challenges and strengths.

As Vicki mentioned, we've done a podcast on this, so if you want to know more about how I use that in that way, then you can check that out. For this case, I would like to go back a few more generations to get a better understanding of what's come before. I certainly want to explore Sam's earlier experiences in particular what was happening around the time of her father's death, her relationship with her mum before and after that time because we know that these early years when children are developing coping strategies within relationships, so I'd want to understand that further. What we do know about Sam's family now is that they don't talk about her father's death. And so we can assume that difficult feelings like sadness, grief, anger are not shared within the family. What happens with all those big feelings and how does that impact Sam's parenting? We are given a clue in the video, in the case study video that Sam is quite comfortable with and enjoys her time with Clare when Clare is in a good space. But when Clare has big feelings or she's crying, that's when Sam struggles. So, we know that Sam often feels guilty and overwhelmed and frustrated when Clare cries and she finds separation difficult too. Next slide please.

Based on the little information we have on her history and her deliveries with Clare, we'd like to gather a lot more information around her history, but I'm starting to think that maybe there's her attachment style is consistent with an ambivalent style of attachment, and that's this kind of push pull in the relationship that Vicki raises in the case study video. And this ambivalent style of attachment shows up in parenting where the parent wants the child goes, but feels really overwhelmed by the child's emotional state or their needs. And that can lead to inconsistent parenting and then unsettled babies. So, the baby too might send mixed signals of wanting the parent near, but also not being comforted by the parent's presence. So, it can be a bit of this cycle that happens within the relationship. So, if we look at childcare drop off, for example, we can imagine that maybe Sam takes Clare into childcare and then

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Clare gets really upset and then Sam gives her another cuddle and then another cuddle and says, oh, I'll just give you one more. And it's really hard to part and that's because of her need to not have her baby being upset that she feels uncomfortable with that and that this can actually send an inconsistent message to Clare that she's not safe where she is. So, once I've got an understanding of the attachment and relationship patterns happening in the dyad, then it helps to guide what I work on and that's always in collaboration with the client and their most pressing concerns rather than my own agenda. Next slide please.

Okay, so as Jess mentioned, reflective capacity is a big one when working with parents with infants. So, we know that Sam has some negative thoughts about Clare and she feels unsure of what she needs. So, an example of how this might play out with sleep when we're thinking about this ambivalent style that Sam might respond to Clare's cries in the middle of the night and initially she might think, okay, Clare's crying and she really needs me, but then the crying persists and she might think, okay, maybe she doesn't want me, and she might put her back down and pick her back up and put her down again. She might think, oh, she's doing this to annoy me, or she's a stubborn baby, or she might become frustrated and ask Clare, what do you want from me? And just feel really overwhelmed and this sends a signal to the baby that mom's not in charge. And if the parent isn't in charge, then the baby can feel really insecure and even unsafe. And so the baby may make things bigger to make their needs known, which further makes the parent feel overwhelmed. So, again, there's this bit of this cycle of everyone feeling quite overwhelmed.

So, of course we're just kind of hypothesising here, but we are beginning to see how the relationship is so important to explore and work on when it comes to a parent and an infant. So, psychoeducation, as Jess mentioned on infant development from an attachment perspective is really crucial to develop reflective capacity that babies, they're not just stubborn or kind of out to get you, that they have genuine needs and they develop strategies to get those needs met within the relationship. Next slide please.

Okay. And so then also looking at some practical strategies. So, as Jess mentioned earlier, surplus security is a really great parent infant intervention. It's a relationship-based education programme that's used quite often with parents to help with that reflecting capacity and understanding infant development. And another intervention that I use is Marte Meo, which means "on one's own strength", and it's a strengths-based parent infant intervention, which uses video reporting's of the dyad to support the relationship as well as development. So, it's used by child professionals, but also child early childhood educators. And so when we're thinking that, Sam, what can I do to support there with the childcare transitions? So, what we want to do is make it really clear that childcare is a separation and that babies and young children will have feelings about that. So, the goal is not to stop crying. That is a bit of an unhelpful goal because it is a normal response. The goal is really just to make the whole process smoother for Clare to feel safe and secure and to reduce mom's anxiety.

So, Vicki mentioned in the video about Sam talking about what she's doing to help with the transition. So, we call that naming. So, naming what the adult is doing to help provide that predictability connection and familiarity particularly around routines like nappy changes, getting dressed and transitions going off to childcare. So, Sam could say, okay, Clare, I'm going to get you out of the car. I'm going to go into the room and say Ms. Holly, and then I'm going to give you one last cuddle and kiss and then I have to go to work, but I'll be back in the afternoon. So, really clear message about what to expect for Clare and then actually kind of following through that. So, a really consistent message too. And so

Clare might cry and in fact most babies and young children will, and that's normal. But the repetition and the naming helps babies feel that life is predictable and safe and that mum is in charge.

Speaking to childcare about having a consistent educator or carer handover can also be really helpful to minimise anxiety of mum and baby and just provide that consistency as well. And then we want to talk about reconnection and what's known as rupture, repair and circle security. So, when there's a separation, so when Bob's been out to childcare for the day, the baby experiences that as a bit of a rupture because they've been parted from their primary caregiver. So, it's important to have time to reconnect and have kind of repair that connection. So, Sam might say to Clare, oh, you were so sad this morning when I left, but I hear he had a really good day and I'm really happy to see you. So, this validates and names Clare's feelings, and then they can have some time to reconnect, like reading a book or playing together before making dinner and getting on with the day. And this really helps bring back the focus on the relationship rather than the behaviour. So, with supporting Sam to be more confident with leading and supporting Clare with transitions, then she'll send clearer messages to Clare and Clare will in turn learn through predictability that she could be clearer in her feelings with her mum as well. That's it.

Vicki Mansfield:

Thanks Lauren. And there's so many great messages in there and the importance of that naming and talking and how comforting the voice can be for babies in this time. So, yeah, thanks so very much for those strategies. And so we'll move to the questions and so thank you to all of the registrants who submitted questions when they registered. It's always great to have an overview of what people are interested in. We don't always get to every question, but we definitely will aim to have a good representation of questions. And you can ask a question still by using the three dots in the lower right corner of your screen as well. And so I will start the questions with one that was sent in through pre-registration and I'll invite Sarah if you'd like to respond to this one. And I think it's a great question is, in your experience, what's the most important or valuable thing for a young mother to hear and know about this time of life and for herself and for her child? So, from your experience, what words of wisdom do you have for a young parent of a new bub?

Sarah Reiman:

I would say that it's going to get better, particularly during the absolute worst times when you have no sleep, when you're exhausted, my baby's fussing, crying. It does get better and it will get better faster than you expect it's going to.

Vicki Mansfield:

Yeah, thanks Sarah. Yeah, and because sometimes I think in the middle of the night when we're sleep deprived, it can feel like it's not going to get better. And so I think yeah, it's really great to be able to have that outlook of things change and move sometimes so fast for little ease as well. And one of the other questions that's come in is around Marte Meo, and there was interest in whether you could maybe explain a little bit more around Marte Meo. Is that okay from your perspective?

Lauren Keegan:

Yeah, look, I know that's a bit of a strange name, Marte Meo. So, it's an approach that was developed more than 50 years ago in Holland by a really wonderful woman named Maria Aarts. And it really came through her study of just observing parents with children. Initially she worked with families with disabilities and the neurodiverse population, but then found that a lot of the strategies that she was coming up with was just applicable across the board for all families. So, at the core of the approach is using videos, even just a couple of minutes of filming a mother or parent and a baby or a toddler or any age really. And then examining that through this kind of strengths-based lens. So, there's some kind of core communication elements that we look at, and it's very much looking at what the parent and the baby can already do and what they already bring to the relationship and helping lift that up and support the dyads, which are a little bit different to some other parent infant approaches that look at perhaps what they're not doing so well and how they can improve on that. And Marte Meo has just a really nice strengths-based approach to supporting the families and can really help give them a confidence boost as well.

Vicki Mansfield:

Great. And thanks Lauren. Thanks. I appreciate you being able to explain it and give people a place to go and search for more information around who's model that is. And I think it's a very practical and strength-based, which I think is fantastic. Thanks. And so I'll ask Jess and Lauren, feel free to comment as well, but Jess, I'm wondering, one of the questions that we had was how to best support parents when they're experiencing anxiety and depression who maybe are finding it challenging to see that their children are responding positively to them. So, it might be hard to see and notice.

Jessica Grant:

Yeah, thanks Vicki. It can be really hard if parents don't have those initial falling in love moments and feel like things go really smoothly. And when there are struggles with depression or anxiety that can give a lens that might feel overly negative or overly worried. So, I think one of the great things that we can do is support parents in their observations of babies. So, I really like to use an approach from circle of security where you really try to tone down with the parent, what did you see the baby do? And ask the parent to talk about behaviours or cues that they might've seen and then start to get the parent thinking about what did you think that that means? And then what do you think? How do you make sense of that? And if the parent comes back with lots of negative or worried emotions or they're not able to see the positive ways that their infant might've been responding, you can try to open up for some other possibilities. Are there other things that could mean when your baby turned their head away from you? Another strategy might be to invite parents to watch their infant while the infant is asleep because that can reduce a bit of the pressure for the parent having to read any of the cues or try to make sense of the baby's behaviour. And it can offer just an opportunity for a bit of a neutral connection where again, the parent can hone in on some of those observational skills as well.

Vicki Mansfield:

And thanks, Jess. And it sounds like it's kind of breaking it down into a step-by-step process by the sounds of it. And yeah, Lauren, would you like to add anything or from your perspective as well?

Lauren Keegan:

I think Jess pretty much covered it. I would just add that I would sometimes use video work to show back what parents might miss in the moment that their child's trying to communicate to them.

Vicki Mansfield:

Yeah, yeah. Thanks. And there's a little bit of a theme coming in. There's two questions around antenatal, so I'll ask the first and then we'll add onto it. So, when there are perinatal vulnerabilities, what are the benefits to working with families in the antenatal period? And I'm wondering, Lauren, if you'd like to maybe share, because I know this is something you have quite a passion for as well.

Lauren Keegan:

Yes, Vicki. I love getting antenatal referrals. I like just being able to get in as early as possible before bub is even born. Even if there's just mild anxiety or low mood symptoms, it can be so beneficial for the parents to have access to early support. It means that they have some space to work through some of their worries and struggles to prepare for the transition to parenthood, which is huge, whether that's the first time or being then a parent of more than one child, that's also a big transition. And also to have a plan in place for mental health support, which is even more so important if there is a history of mental health either in the perinatal period or in other times in their life. And I guess in the case of Sam and Clare, if it was picked up that she was unsure about the pregnancy or feeling a bit anxious about the life change to come and also being a parent of another child as well, then perhaps she would've had a better time adjusting to the postnatal period. And if not, then Alicia would have someone to reach out to that kind of knows her at her baseline to support her. So, I do think it is a myth that you have to be really unwell to see a psychologist or any other kind of allied health professional, you can actually reach out and get support as a preventative as well.

Vicki Mansfield:

Yeah, I think there's certainly a lot of recommendations around it, and I think it's, particularly if it's a following pregnancy where there's been vulnerabilities there, building up and supporting Antenatally through that can make such a huge difference. Thanks Lauren. And there was the follow on question from that antenatal discussion was if there was any pregnancy or parenting groups that anyone would suggest or Jess or Lauren, I'm not sure if you are aware of any specific groups or topics that you'd include in antenatal, kind of you mentioned. But yeah, if you'd like to add anything else there.

And so one of the other questions that I would ask any one of the panellists to respond to, and it's somewhat similar, is that how to acknowledge the challenges for parents in that early transition period where babies are maybe not as socially engaged in that first one to three months. And I think just some of the discussions you had around connecting with baby and bonding. But Sarah, I'm wondering if you have any comments or feedback about that as well, about what support might be needed in that early stage from your experience?

Sarah Reiman:

I think that support with bonding and learning to play and learning how to read visual cues, all three of them could be really important, particularly if you haven't had much experience with babies, given that they feel they're very similar, but they're still babies to reading an adult body language. So, learning to not only be able to read it, but also to trust that you're reading it right would be really, really helpful.

Vicki Mansfield:

Yeah, it can be quite bewildering I think in those early stages. Yeah. Jess or Lauren, would you have any other comments around that first three months where babies may be not as reciprocal as in the later stages?

Lauren Keegan:

Yeah, I mean, I would just say I think it's quite a common experience what Sarah has shared of not quite knowing what to do with a baby once they arrive. And I think in the first three months it can be quite challenging for parents because you are just chain your nappies, settling, feeding, and those kind of wake periods are not very long. And then not getting that nice feedback like smiles and giggles that you might get a little bit further along. So, it can be really tough. And I think again, just coming back to education around how to connect with babies at that really young age, it can be quite easy to miss those little signals, cues of them reaching out for connection. And that also that, like Sarah said, that things also change. It's not like that forever and often parents find it a little bit easier around the three months mark when the baby's a little less obsessed with food or milk and it's starting to look out to the world and taking an interest and wanting to be more interactive and having longer wake periods as well.

Vicki Mansfield:

And I think you both mentioned the importance of psychoeducation and I think that psychoeducation around babies' brain development and that they're so sensory in those early days that lots is about touch and sound and voice is really comforting. So, they're taking lots in that may not necessarily appreciate from an adult perspective. And one of the other questions which has come in, which I think would be great to get input from was what support and things, and you've touched on them briefly potentially, what support might we explore and for Pete and yeah, we've talked a lot about mum Sam as the presenting person. And Jess you mentioned looking at the bigger picture. So, yeah, any comments around the supports and work we might do with Pete as dad?

Jessica Grant:

Yeah, I might jump in Vicki and just say yes. I think it's really important to put Pete in that frame. And while Clare is not Pete's first baby, he's Adam who's four years old. This is certainly the first baby that he and Sam have had together. And so there might be parts of him that feel like a first time dad this time around as well. I think a good resource that we can offer to fathers is the SMS4dads resource, which can help link in with developmental information and as well as giving that support where that's needed as well. I think Pete's trying to juggle lots of things in his family, and so I'd want to talk to him a lot about what areas he thinks the family could benefit with some support from as well. And I would also recognise that when there can be some risks around Pete's mental health that we'd want to be sort of keeping track of. And while in my presentation I talked about Sam's mental health being sort of the priority, Pete's would come at a close second to that as well.

Vicki Mansfield:

Yeah. Thanks Jess. Yeah, and I think Lauren or Sarah, would you like to add any comments there?

Lauren Keegan:

I mean, Jessica did a great job at keeping dad in mind, and I would just suggest that when you're working with families to try to invite dads in whenever you can, I guess we know one in five mums will experience perinatal anxiety or depression, but so will one in 10 dads and they can sometimes get missed because they are kind of carrying other worries or holding the family if the mother is experiencing mental health issues. So, always trying to check in with the dad and invite them into sessions if you can or offer individual support.

Vicki Mansfield:

Yeah. And Sarah,

Sarah Reiman:

Yeah, so I'll jump in there as well to say that my husband was one of those one in 10, and the only reason why he was picked up is because he came with me to my GP appointment where the GP told me I've got this. He also, after speaking to me, spoke to my husband and said, how are you doing? And that was very rare I found in the early days it was always about baby, I came second, my husband came last, he was always at the bottom of the pile. And I think it's really important to recognise that fathers can struggle and their struggles are quite often different to women and silent usually as well.

Vicki Mansfield:

Thanks Sarah, and thanks for sharing that. I think that's great insight. And I think also it's my experience working perinatally as well is that antenatal work can be really powerful where we're meeting dads and talking with them about their hopes and dreams and imaginings of what it'll be like to be a dad because that's not always a conversation. And I know a child and family partner gave this really powerful discussion around having a mate at work check in and go, when you become a dad, it's going to be different and feel free to tell me how it is really. So, I think it's great to be checking them in Antenatally, but also postnatally and we'd have some great podcasts with dads in Emerging minds as well if people want to check them out as well. So, the other questions that we had come in from Janine, and this is a broader question and so I'm acknowledging that we're on topic, but slightly to the left of the topic. So, Janine was wondering, she's supporting someone when the child is in NICU, and Sarah mentioned that experience of NICU and she's wondering around how to support parents who may be experienced neonatal intensive care, where there might be some anxiety and stress around that, around any of those vulnerabilities, some strategies or the importance of that. Would Lauren or Jess like to speak to those vulnerabilities?

Lauren Keegan:

Yeah, I'm happy to. I'll just say Marte Meo is a really wonderful approach for working with families in the NICU. So, it helps the medical staff support the parents in learning about their baby, but also for the medical staff to be more predictable in their work with the families as well. So, again, we come back to that naming also the nursing staff talking through step-by-step what they're doing so that the parent can be part of that. It helps the baby understand baby feels more safe knowing what's going on around

them. The parent also gets that information as well. And I think that can be a really nice way to connect the families and the staff because it is quite a common experience that parents don't feel like parents when their baby's in the NICU because they don't get to do all the things that they would normally do, and they often feel like they have to ask permission to do everyday things that their baby needs. So, really involving them and lots of communication can be helpful.

Vicki Mansfield:

Yeah, thanks Lauren. And I think, yeah, it's such a medicalised environment, which is there for an important reason, but it can be very hard to, it can create vulnerability in those transitions. And Sarah, I know you mentioned that transition from a medical environment to a home environment required support and adjustment, and one of the other wonderings was around the panellists. Would the panellists have any suggestions in supporting Sam with her relationship with Adam? Adam being Pete's son from his first relationship who's four in the case study? I'm wondering if anyone wanted to, and I don't think it's an uncommon experience where we might have children from other relationships or just children from the same relationship and the transition, we're talking about those transitions again. Would anyone like to make any comments around how we might support Sam in her relationship with Adam?

Jessica Grant:

I might jump in and just thinking about how Lauren talked about the ambivalence that shows up in the relationship between Sam and Clare, and we can see that Sam struggles with Adam's level of activity when he's in the household. So, I think that with that in mind, we could do some support around, I guess trying to help Sam understand where Adam might be at developmentally. I think that that's one part of things, but also as Sam works through some of these issues with Clare and understanding a little bit more about what needs she's comfortable with and what she's uncomfortable with, we can transition that into how she is able to respond to Adam and his energy levels when he's in the house as well. And it might be that Sam needs some support around how to in play with a four year old, she hasn't had to do that parenting role before. And yeah, I just think that providing some really practical support around how to play with Adam could really help.

Vicki Mansfield:

And thanks, Jess. And I think similarly, you and Lauren both talked in your presentations around that building reflective capacity. So, building again that reflective capacity, wondering around, as you said, what Adam's might be thinking and feeling. And in the practise strategy course, there's little examples of that wondering around how Adam might be thinking and feeling about having a new brother and sister, a new brother with baby Clare. So, yeah, building that empathy and wondering, and I think those examples of plays are great, great suggestions as well. And one of the other questions is the skill of being present. And so I think that both of you have touched on this in a way is in the concept of being present to help with the parent child relationships, parents and individuals sometimes find this difficult. And what would you recommend to support being more present? And I think Lauren, that being present with certain feelings or being with feelings you alluded to as well, and they were wondering whether self-compassion is an important part of that as well. So, yeah, Lauren, would you like to comment on that? How we help parents be present? Or even for clinicians being present and sitting with infants in an

infant pace can be a challenge and it can certainly be a different pace of work. So, would you like to add your reflections around that?

Lauren Keegan:

Yeah, I mean, I would just say I think we do live in a very busy world, and it can be really challenging to slow down to the life of an infant and kind of stepping into their world that even just being picked up off the ground and into your arms, that's a transition for them. They've gone from being on the floor to being up in the air in your arm. And I guess just putting yourself into those shoes, which really does mean just slowing everything down, which can be quite challenging, particularly for parents who've been quite busy with work up until having a baby. It's quite a transition to just the slow paced life of having a baby can also be incredibly boring. And parents try to feel that, I guess, by being really busy with babies. And that's sometimes just that discomfort of slowing down that we all experience. But having a baby really, it's quite profound just how slow to be.

Vicki Mansfield:

And thanks Lauren, and I think the pace- and Jess, I'm wondering from your reflections and experience, I know that this is something that's discussed in your insights from the course around the pace of working with parents, say maybe in a play session or in an observation session. Yeah, how is that from a clinician perspective, do you think? Because going from a very fast paced workplace to being still and being with clients and modelling that, I'm wondering if you can share any insights about that?

Jessica Grant:

Yeah, yeah. I think that can be a challenge. And especially in situations where things can be tricky in families, they can feel like a pressure to really jump in, dive in with strategies, plans, fix this, fix that. But I guess being with or being present really means just going at the pace of the baby and the parent that you might be in the room with. And a big thing that I always think about as a clinician is my need to manage myself in that context as well. So, I might be thinking about the 50 other things that I have to do, what I'm going to make for dinner when I get home, my next client that's due to arrive in 20 minutes, even though this little infant looks like they're going to need to have a feed in five minutes time. But I've really got to try to put that stuff aside, try to contain that, put it aside so I can just be with the energy that's happening in the room.

One of the registrants that asks this question mentioned, and I talk a lot with parents about self-compassion because, and for us as clinicians as well, there's so much pressure to do so many things. Lauren said, we live in this very busy world. We can't keep all the balls in the air all of the time. And I think we need to be kind enough to ourselves to recognise that there will be moments when we can't meet our own expectations or the expectations of others and to have some grace and acceptance that we are human beings, not human doings. And so just letting ourselves slow down and be in that moment.

Vicki Mansfield:

Yeah, thanks Jess. And I think that's a really great reflection on what we're needing to do for ourselves. So, there's a lot happening for ourselves internally, and our practise strategy course certainly touches on that, our reflection in action, on action and for action. And so really for clinicians, it's often attuning and slowing down ourselves for us to be able to hold that space for both parent and child. So, yeah, thanks

for that. And I think we probably have time for one more question, and it's around the area. Yvonne had a question around working with mums who may be openly, and I think in the case study, Sam talks about having some regrets. This wasn't maybe how it was planned for her to be pregnant at this stage. It was a surprise. And so she's wondering about, sometimes mums aren't openly talking about regretting becoming a parent and that this is a common thread, and there's often a stigma about voicing that. And so there might be stigma or shame about voicing that. Is there any suggestions or thoughts on how we can support a parent or normalise that process of ambivalence or resentment or Yeah, Jess or Lauren, would either of you like to comment? I can see Lauren nodding at me.

Lauren Keegan:

Yeah, I touched on that ambivalent attachment style, but actually ambivalence in parenthood is actually quite normal, that we can have two coexisting opposite feelings at the same time that you can love your baby, but also love the life you had before you had your baby. And I think just validating and normalising those feelings that that's okay. You're not a bad parent for having those thoughts because I guess when we hold onto those thoughts, then we carry shame and guilt, which is not helpful either. So, I work with a lot of parents that have those kind of feelings or even just, I love spending time with my baby, but I also just love time on my own and that's okay as well. And I think just being able to carry both of those things at the same time doesn't mean that you're a bad parent in any way. And I think it's really helpful for them to hear that.

Vicki Mansfield:

And there's a great book that I used to have on my bookshelf that was, good mums have scary thoughts. And I think that's really an important normalising that we can have a range of thoughts and that we can have a range of feelings just as we're talking about being able to sit with babies, range of feelings. I think as clinicians, it's important to acknowledge and sit with those feelings. Thanks, Lauren. So, thank you very much for your generosity in questions, and thank you for the panellists for sharing your insights to the questions. There was a great range, so I appreciate that. And just as we start to sum up for the evening, I'll just come back to our panellists. We've covered a lot in the questions and we've covered a lot in your presentations. And so I'll just go back to each of you and Sarah, I'll start with you first. If you had one word of wisdom from this evening that you'd like the audience to take away from your perspective, what word of wisdom would you leave them with?

Sarah Reiman:

Can I use a couple?

Vicki Mansfield:

You sure can. Absolutely.

Sarah Reiman:

I mean, empathy, actually, I can do it in one word. Be empathetic to your clients. Be empathetic to your patients, to yourself. Empathy goes a long, long, long way. And if you can just put yourself in somebody else's position, even for five minutes, it'll help them and it'll help you understand them as well, whether it be a baby or a mother or a father or a carer who's really empathetic.

Vicki Mansfield:

Yes, beautiful. Beautifully said, beautifully expressed. Sarah and Jess, I'll go in order. Jess, if you could share your parting word of wisdom or your parting message, take home message to the audience. What would you like to share this evening?

Jessica Grant:

In one word, it's wondering, and it's just always holding that thought in your mind. What's this for the baby? What's this like for the baby?

Vicki Mansfield:

Yeah, coming back to that. Yeah, for the baby and yeah, what's this like? And thanks so very much Jess and Lauren, what's your parting words of wisdom for the audience from our discussions tonight?

Lauren Keegan:

Well, I guess I'd just say kindness, but to yourself as well, that working in a space can be really challenging and to make sure that you have your own support network and space to reflect, because it's very normal to have things come up when you're working with vulnerable families that we're all human and we all have our own triggers, and I think that's really important as well.

Vicki Mansfield:

Yeah. Thanks Lauren. Absolutely. I think it takes a lot to be holding the space emotionally for parents and infants. And so I think, yeah, as clinicians, it's really important to take care of our wellbeing as well. So, thank you so very much for your time and generosity for all of the panellists this evening. And I'll just do some last messages. So, please, this evening before you log off, if you can go in and do our survey, that would be fantastic. So, you can do that by clicking on the banner or you can scan the QR code. You'll get a statement of attendance and that'll be emailed out within the next four weeks. And you'll also get an email letting you know when the resources, there is a list of resources that some have been mentioned and when the recording will go up on MHPN and Emerging Minds site.

And as I mentioned before, this was the first of our series, and so there certainly some more great webinars coming up. We have latest innovations to embed and sustain trauma-informed care coming in August in September. We have trauma-informed care therapies and approaches to improve your practise. And September Emerging Minds supporting Children's Mental Health when working with separated parents and October trauma-Informed care, the impact of trauma on the physical body. So, again, you can scan that as well. And so the Mental Health Professionals Network has over 350 networks across the country where mental health practitioners can meet in person or online. And so there's some really amazing topics and discussions and peer discussions occurring in there. And you can visit www.mhpn.org.au to join a local network, and practitioners can also get emails and start a new network. And today we've been talking about antenatal perinatal work, and there are quite a few perinatal networks included there as well.

Then this webinar this evening was co-produced by a Mental Health Professionals Network and Emerging Minds for the National Workforce Centre for Child Mental Health Project and is funded by the



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Australian Government Department of Health under the National Support for Child and Youth Mental Health Programs. And so thank you very much everybody for joining us tonight and for submitting your questions. And feel free to check out the resources. And yeah, it'd be great if you can give us feedback about ways to improve and we're always looking to develop our webinars. And finally, thank you very much, Jessica, Sarah, and Lauren for your generosity this evening. And yeah, we wish you a relaxing and enjoyable evening. Thanks everybody!