Guest Editorial

Reflections on Infant Mental Health Practice, Policy, Settings, and Systems for Fragile Infants and their Families from Prenatal and Intensive Care through the Transition Home and to Community

This special edition of NAINR is entitled, “Infant Mental Health in the Continuum of Intensive Care and Beyond”. This is a timely topic, as there is a great deal of increasing openness to mental health issues in intensive care units for babies, and the field of infant mental health (IMH) has gathered momentum with an increasingly sound evidence base to support the work. Importantly, not all professionals who care for babies and families in hospitals or who work in maternal fetal and intensive care units and in home and community-based settings after discharge are aware of the mental health needs of both babies and their families who have experienced medical and social crisis situations, nor are they used to working with mental health professionals who focus on relationship development. While there is increasing interest and emphasis on treating parental mental health needs, considerably less attention is devoted to building services that enhance the development of the essential infant–parent/caregiver relationship, promote socio-emotional competence, and provide critical relationship support through reflective practice to vulnerable babies, their families, and the professionals with whom they work. Such services and supports are at the core of infant mental health practice in intensive care settings.

Unfortunately, many of the documented long-term difficulties faced by fragile infants involve emotional, behavioral, and cognitive problems that may stem from relationship dysruptions. While intensive care environments provide increasingly sophisticated technological, environmental, interventional, and pharmacological means of addressing the complex medical needs of fragile infants, relatively little emphasis is placed on evidence-based interventions that support babies’ relationships with their families. Because of the heightened vulnerability that infants and families experience in intensive care settings, in addition to the long-term consequences of disrupted early relationships, supporting infant–parent interactions should be a priority for intensive care and community professionals.

We now have an emerging understanding of the effects of early stressful and painful events on socio-emotional and physiological regulation and developmental outcomes in the general population. Young children often experience long-term consequences of what is now called “toxic stress”, which refers to stressful and/or neglectful experiences early in life that occur on an ongoing basis without the buffering protection of a primary caregiver. The frequent painful and stressful events that babies experience under intensive care can reasonably be considered unbuffered stressors that may ultimately result in toxic stress. The impact of adverse experiences and environments related to hospitalization in intensive care, current situational factors, and prior family history must be explored with respect to infant, caregiver, and staff well-being.

The papers in this special issue articulate the various areas of practice in high-risk fetal maternal units, newborn and other intensive care units in which infants and toddlers are hospitalized, and in community-based services and supports including early intervention. These papers highlight the continuum of care in which IMH principles and approaches are being developed, evaluated, and successfully implemented. The role of IMH specialists working with fragile infant populations in promoting essential early relationships, addressing the impact of adversity and stress, and enhancing well-being and long-term developmental and relational outcomes is delineated throughout this special issue.

Cultivating IMH practice in intensive care settings and after discharge to home requires building staff capacity to practice reflectively as they support fragile babies and their families in navigating challenges and adverse experiences. At times, they also help families deal with previous experiences that impact caregiving capacity (e.g., parental mental health issues or histories of trauma). Hospital professionals working with babies and families in intensive care settings need training and support from IMH professionals to build their own reflective capacity, promote their well-being, and enable them to provide optimal care to babies and families. IMH providers who practice in intensive care and in home and community-based settings should also familiarize themselves with exemplar, evidence-based approaches to work effectively with fragile infant populations and, additionally, to support both families and professionals.

In concert with other efforts to support infant development and emotional connection between babies and parents, the IMH provider engages with and supports other evidence-based programs such as the Newborn Individualized Developmental Care and Assessment Program (NIDCAP; www.nidcap.org), the Family Nurture Intervention (FNI), Kangaroo Care (KC) and other family mental health intervention approaches. Embracing other evidence-based approaches for fragile infant populations and their families is essential both in promoting well-being and in enhancing optimal long-term health and neurodevelopmental outcomes. Such programs and approaches complement the IMH practices, services, and supports described in this special issue.

Critical themes in IMH work with fragile infant populations are addressed in this issue. Among these are a focus on relationships and relationship development between babies and their caregivers, staff, and families as well as among the professionals working with fragile infants, including IMH staff, intensive care professionals, and community-based professionals. The issue begins with an overview of core infant mental health principles and practices (Weatherston & Browne, 2016).
The authors address the significance of an infant mental approach in supporting fragile infants and their families and describe IMH strategies that help parents keep the infant in mind, helping to support parents and caregivers as they navigate the experience of having a baby with special health care and developmental needs. Reflective practice and reflective supervision for the IMH specialist are also discussed.

Understanding family needs during pregnancy and in the early postpartum period is critical. Asby, Lakotas, and Scott (2016) describe the prenatal period as a time of physical and psychological transformation that marks the beginning of the infant–parent relationship. Complicating factors including maternal history of mental health issues and trauma and fetal diagnosis require intervention to ensure the development of a healthy maternal–infant attachment. The authors describe three integrated mental health programs designed to support families by using IMH practices during the prenatal and postpartum periods.

Several of the articles in this issue address high-risk situations and previously experienced trauma, describing the associated impact on the developing infant–parent relationship through case examples and personal accounts. Ashby and Bromberg (2016) examine the experience of having a baby hospitalized in intensive care for high-risk families including adolescent parents and parents with histories of substance use. They describe the impact of childhood trauma on parenting a fragile infant and highlight the role of IMH specialists working in intensive care environments in supporting vulnerable families and the professionals who work with them. Browne, Martinez, & Talmi (2016) describe the experiences of infants and families during a hospitalization in intensive care and review the relevant infant mental health issues that arise. The authors detail the role of IMH providers working in intensive care settings and the requisite training needed to provide support to infants, families, and intensive care staff.

Del Fabbro and Cain (2016) similarly address family mental health issues that impact well-being. They highlight the impact of parental mental health issues on the developing infant–parent relationship and emphasize the need for IMH specialists to support parents who are struggling with issues like depression, anxiety, and trauma. Hynan (2016) provides a personal account of his experience as a father of a baby born preterm in 1980 to delineate the changes that have occurred in neonatal intensive care, particularly around support to families. Readers are introduced to the term Neonatal Intensive Parenting Unit (NIPU), which describes an approach in caring for the whole family in intensive care settings.

Supporting professionals working with fragile infants and their families is essential in providing high quality IMH services. Lorrain (2016) describes a support group for intensive care unit professionals designed to enhance their capacity to engage in reflective practice and reflective supervision for the IMH specialist are also discussed.

Recommendation 1: Assure parental and staff access to IMH professionals, including psychologists, psychiatrists, social workers, and others with mental health training who can address mental health needs of families. Infant mental health providers come from a variety of professions and may also include well-prepared nurses, therapists, counselors or others who demonstrate preparation to provide IMH promotion, prevention, treatment and therapies, all in a relational and reflective practice framework.

Recommendation 2: Develop a continuum of IMH services that include intensive care, and home and community-based services and supports. Such a continuum should directly address stress and adversity resulting from having a baby who is hospitalized and recognize and target family and professional well-being as a mechanism for enhancing essential early relationships between infants and their intimate caregivers.

Recommendation 3: Apply best practices in IMH to workforce capacity building efforts that support intensive care and community-based staff who work with fragile infants and their families. Such practices include promoting reflective practice and cultivating reflective functioning in professionals and families.

Recommendation 4: Advocate for policies that create access to IMH services and supports for all fragile infants and their families. Developing, implementing, and funding integrated IMH services that are incorporated as standard care for fragile infant populations are essential in ensuring that these infants and their families have the best possible health and developmental outcomes in the future. As transformation in health care continues at a rapid pace, advocating for reform may include supporting enhanced reimbursement models and bundled payments with higher incentives when IMH services are included.
Infant mental health practices and principles are necessary in designing and delivering high quality care to fragile infants, their families, and the professionals who work with them. Fragile infant intensive care experiences, in combination with their caregiver’s mental health issues and traumatic events that occur in the continuum before birth, during an intensive care hospitalization, and after discharge, directly influence the relationships that are being formed during this critical time in development. Such adverse factors are also likely to have a profound effect on infant and caregiver well-being. IMH specialists can provide essential support for infants and their families in intensive care and community-based settings while simultaneously supporting intensive care professionals to practice reflectively and maintain their own well-being.

References


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