RCPsych Perinatal Trainees Conference
22nd Jan 2025

Mentalisation-based treatments in the perinatal period
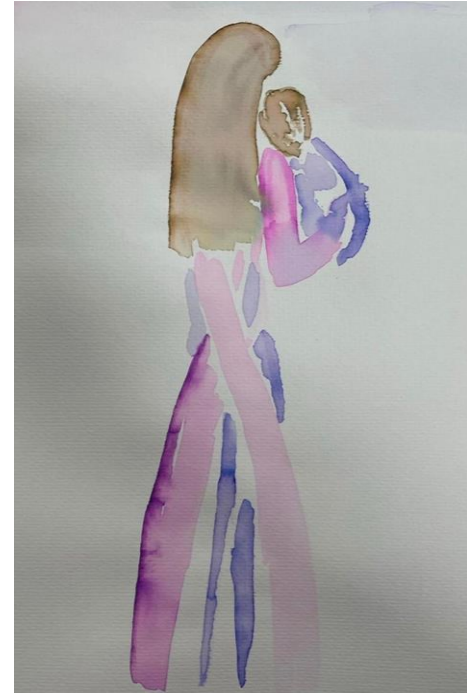
CNWL Perinatal Mental Health Service

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NHS
Central and North West London
NHS Foundation Trust

Wellbeing for life

Outline

- Why consider infant mental health
- Safeguarding – when things go wrong
- Rule of optimism
- Mentalizing approach in MBU

Patient Art (2023) Coombe Wood

Why consider IMH?

- Perinatal mental illness adversely affects parental cognitions and beliefs, caregiver-infant attunement, attachment to the infant, and the growing caregiver-infant relationship.

- Perinatal mental illness can impact on early developmental outcomes of infants including neurosynaptic development, regulatory development, and developmental milestones.

- Early identification and treatment of perinatal mental illness is critical to ensure optimal infant development.

Hoffman, C., Dunn, D.M. and Njoroge, W.F.M. (2017) Impact of Postpartum Mental Illness Upon Infant Development. Curr Psychiatry Rep 19 (100), pp. 1-6.

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Child deaths due to abuse or neglect

- On average, at least one child is killed a week in the UK

- Between April 2017 to September 2019 37% children under one year at time of death or incident of serious harm

- In the last five years there was an average of 58 child deaths by assault or undetermined intent a year in the UK.

- Children **under the age of one** are the most likely age group to be killed by another person, followed by 16- to 24-year-olds.

- Child homicides are most commonly caused by the child's parent or step-parent.

Flood, S. and Wilkinson, J. (2022) Triennial analysis of serious case reviews (SCRs) 2022. Learning for the future: Messages for child and family social care from SCRs conducted 2017–19. Research in Practice, Devon

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Source of harm: 2017-19 SCRs

Source of harm (presumed perpetrator)	Death n=131 (%)		Serious Harm n=104 (%)		Total of n=235 (%)	
Mother	33	(25)	12	(12)	45	(19)
Mother figure/father's partner	0	(0)	1	(1)	1	(0)
Father	15	(11)	10	(10)	25	(11)
Father figure/ mother's partner	1	(1)	6	(6)	7	(3)
Both parents	13	(10)	26	(25)	39	(17)
Other carer	2	(2)	3	(3)	5	(2)
Other relative	3	(2)	5	(5)	8	(3)
Unrelated known perpetrator	3	(2)	11	(11)	14	(6)
Stranger	4	(3)	4	(4)	8	(3)
Self (e.g. suicide, attempted suicide, misadventure)	23	(18)	9	(9)	32	(14)
Not known/not clear	34	(26)	17	(16)	51	(22)

Parental characteristics: 2017-19 SCRs

| Characteristic	Mother	Father	Father figure/ mother's partner	Both	Total number (%) where parental characteristic reported
Mental health problems	58	11	1	22	92 (55)
Adverse childhood experiences	27	8	0	22	57 (34)
Alcohol misuse	24	10	1	22	57 (34)
Drug misuse	19	13	0	25	57 (34)
Criminal record	7	34	6	6	53 (32)
Of which, violent crime (excluding domestic violence)	*4*	*19*	*6*	*2*	*31 (19)*
Known to CSC in childhood	19	7	1	11	38 (23)
Intellectual disability	9	5	0	11	25 (15)

Child Safeguarding Practice Review Panel 2024

- **Multi-Agency Working**: Need for better co-ordination and communication between services.

- **Information Sharing**: Importance of timely and accurate information sharing.

- **Voice of the Child**: Ensuring children's voices and experiences are central to assessments and interventions.

The Child Safeguarding Practice Review Panel (2024) Annual report 2023 to 2024.

Rule of Optimism

- Believing that what we are seeing is progress
- Filtering out or minimising areas of concern; anticipating that the intervention will work;
- Believing that "one more try" and the family will get it
- Focusing only on strengths and ignoring what is not working and the risks that arise from that; and
- Overly positive interpretations of what is going on.

Hope for the best...
Plan for the worst
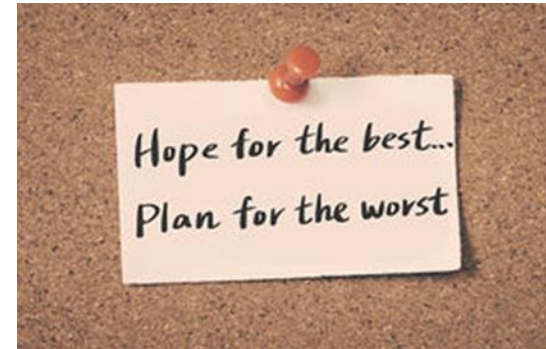
"There is no such thing as a baby ... if you set out to describe a baby, you will find you are describing a baby and someone." (Winnicott, 1947)

What might be going on in their mind?

Mentalizing

- Understanding **others** from the **inside** and **oneself** from the **outside**
- **Opaqueness** and separateness of minds
- Entertaining **multiple perspectives**
- Understanding **misunderstanding**
- Maintaining an **inquisitive stance**, curious, not-knowing approach
- Restating what we all know as common sense in **fancy language**

Bateman & Fonagy (2016)
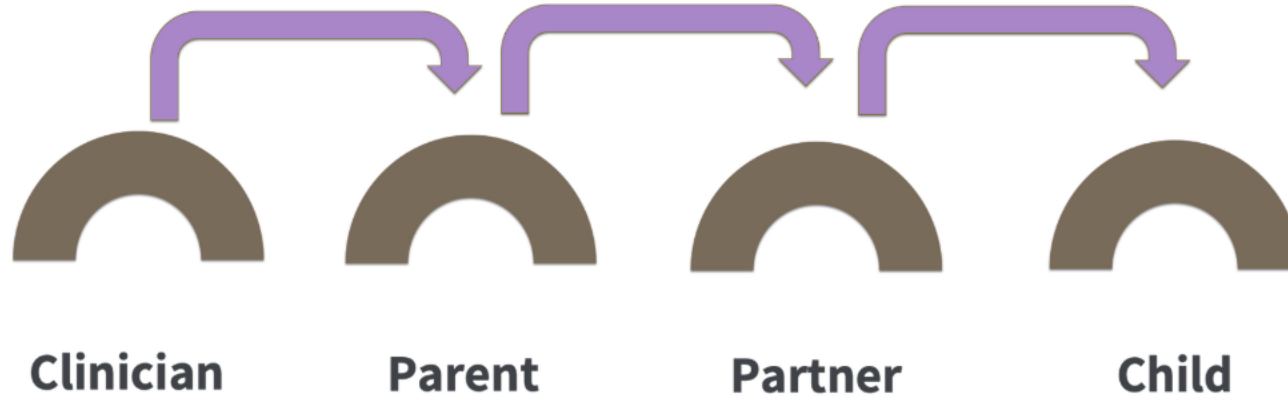
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Parental Mentalizing

An **imaginative** mental activity, namely, the parental capacity to perceive the child's behavior in terms of **mental states**, and to **make links** between the parent's mental states and behaviors and those of the child
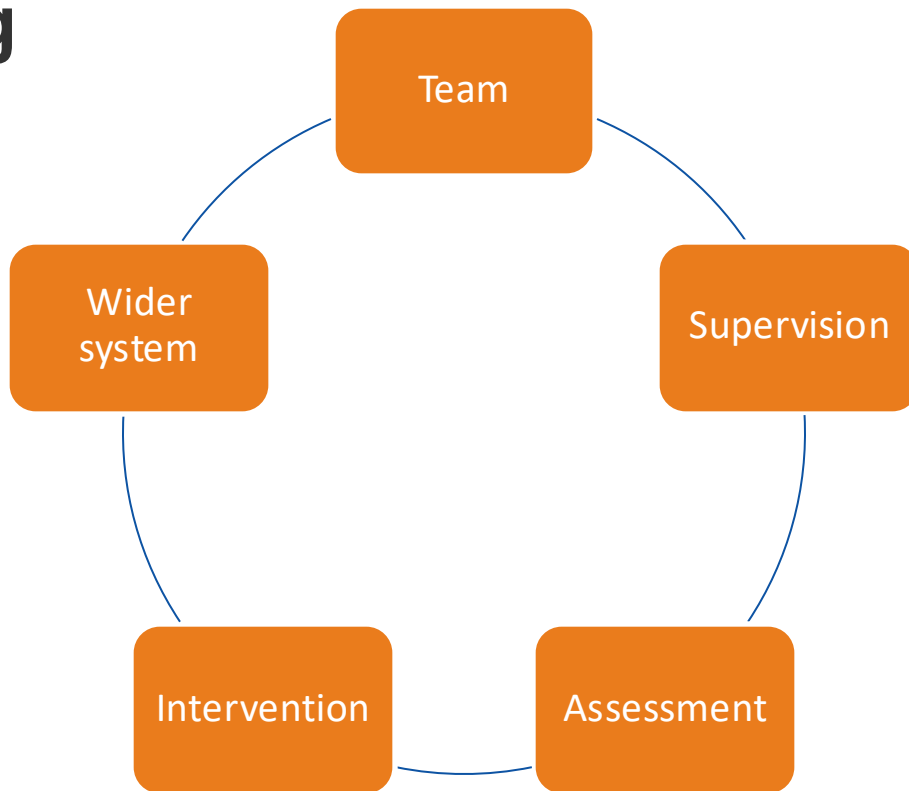
Slade (2005)

Patient Art (2024) Coombe Wood

Who do we mentalize?

Clinician → Parent → Partner → Child

Mentalizing System

Mentalizing Stance at the MBU: Team and Supervision

Supervision and teaching

- MBT Complex "Thinking Together"
- Safeguarding supervision
- Reflective practice
- Infant observation – with mentalizing perspectives

Anna Freud National Centre for Children and Families

Thinking Together

1. Mark the task
- What does the worker need from the conversation?
- How long have we got?
- Kick-starts the worker's mentalizing (e.g. "What *do* I need?")
- Increases the likelihood of worker experiencing the conversation as helpful

2. State the case
- Just the "bare bones"
- The information relevant to the task
- No problem solving or long story telling

3. Mentalize the moment
- How is the worker feeling & thinking?
- Colleagues can make guesses as to how they imagine the worker might be feeling & thinking
- How might the client (and others) be feeling and thinking?
- How can we make sense of this situation?

4. Return to purpose
- Return to the task set at the beginning to ensure this is met
- Does the worker have any new thoughts or ideas?
- What ideas do colleagues have?

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Mentalizing Stance at the MBU: Assessment

- **Reflective functioning** – (verbal mentalizing)
  Adult Attachment Interview (AAI) - *"how do you think your experiences with your parents have affected your adult personality?"*

  Parent Development Interview (PDI) – "*Describe a time when you and your child "clicked"*

- **Observation:** Infant observation and dyadic mother-baby interaction

Mentalizing Stance at the MBU: Intervention

Parental Embodied Mentalizing Assessment and Intervention (Shai, 2020):
Video feedback method identifying nonverbal risk and protective factors.

Mentalizing Motherhood: (Pilot Group)
8-week mother-baby MBT-based group intervention.

Mentalizing Stance at the MBU: Wider System

- Regular CPAs

- Sharing concerns – with transparency

- Escalation to children's social care

- Mentalizing the system

Summary

- Perinatal mental illness can impact on early developmental outcomes of infants

- Teams are working with increasing safeguarding complexity, which requires multiagency working, information sharing and voice of the child

- MBT approaches are valuable models working in the perinatal period, and help to assess and promote parental mentalizing and foster professional curiosity in the MDT and interdisciplinary teams

Keep in touch

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