Maternal-Infant Mental Health: The relevance of family friendly policies and support services

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Maternal-infant mental health presentation overview: it aims to...

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<thead>
<tr>
<th>Show</th>
<th>Present</th>
<th>Emphasize</th>
<th>Highlight</th>
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<tbody>
<tr>
<td>The relevance of maternal-infant mental health (especially in NL)</td>
<td>Present evidence of why maternal-infant mental health should be a priority</td>
<td>Emphasize child development as a construction and why caregivers’ wellbeing matters</td>
<td>Highlight the challenges some caregivers may have and the need for enhanced supports and services</td>
<td>Propose the need to think upstream, visualizing ways for timely interventions</td>
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The ultimate goal is to share ideas with interested RNs about ways to raise awareness regarding the relevance of family-friendly policies and supports services for young families (infants and caregivers).
“Maternal-infant mental health” is tightly related to the concept of “perinatal mental health”

A person’s health and well-being throughout the life-span begins even before conception

Humans are born extremely vulnerable and unable to survive and/or properly develop in isolation

The relevance of thinking in terms of the family’s health

A child’s early experiences, nurtured by love and responsive interactions, are quality foundations to support future development.
Why is this important in NL?

1. A socio-demographic imperative

Declining population:
Total # of births in 2018: 4,002
(compared to 4,616 in 2014)*

NL Population: approx. 520,000

*Service NL
There exist high levels of anxiety and high levels of depression, as well as increased levels of suicidal ideation and self-harming behaviors like cutting.

537 hospitalizations per 100,000 in 2018, compared with the national average of 495.

65% increase in hospitalization for mental health conditions among youth between 5-25 in NL between 2007 and 2018, while stays for other reasons dropped by 24%.

CIHI (2019)
When does mental health start?

“Early childhood is an extremely sensitive period in human development, during which the brain, especially the circuitry governing emotion, attention, self-control and stress, is shaped by the interplay of the child’s genes and experience”

Boivin, Hertzman et al, 2012
Child development as a construction...

“[The frontal part of the brain]...this human emotional control centre does not develop automatically. It develops in response to the social experiences that a baby actually has... Basically, babies learn how to do things through their experiences with other people, not through words or instructions.”

Gerhardt, 2009
Nurturing, responsive environments matter... 

Real communication VS. Virtual communication
Neglect as the most common form of maltreatment in Canada

What we have learned from disturbed development...

“Extensive research on the biology of stress shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and the brain, with damaging effects on learning, behavior, and health across the lifespan.”

Adverse experiences and stress are part of life...

- Love and support from caregiver(s) is necessary for children to learn how to respond to stress:
  - **Positive stress** - tense, short-lived experiences
  - **Tolerable stress** - more intense, but still short-lived experiences
Early childhood adversity and toxic stress

Chronic activation of the stress system may alter brain physiology, having an impact on health and well-being throughout a person’s life...
The Adverse Childhood Experiences (ACE) Study

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
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<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
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<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
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<td>Sexual</td>
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<td>Mother treated violently</td>
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<td>Substance Abuse</td>
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<td>Divorce</td>
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Kaiser Permanente Care Program

Center for Disease Control
Adverse experiences occur at all levels of the social strata...

Low socio-economic status adds extra barriers

Low-income earners have shorter life expectancy and more illnesses

Children don’t choose the family environment they are born in...

How can we provide more supportive, nurturing environments for all children?
Looking at the other side of the equation: the mother/caregiver(s)
Parents want their children to thrive

- The ability to provide proper care relies on the caregiver(s)/child interaction.
- Yet a combination of factors surrounding primary caregiver(s), the child, or the household socioeconomic environment may affect this relationship...
Challenges behind best intentions...

- Not all parents are prepared or have the cognitive, emotional, social, and material resources to parent:
  - Unexpected, idealized expectations or not much knowledge or thoughts about the responsibility involved
  - Tendency to repeat the kind of upbringing parents themselves had (many still carrying unresolved conflicts from their own childhood)
Maternal Mental Health at stake, as early motherhood...

- Alters family dynamic
- Disrupts sleep
- Source of stress (positive, tolerable, or toxic depending on life circumstances)
- Biological/physiological changes (conducive to mood disorder)
1 in 4 women are likely to suffer some form of mental distress, ranging from “baby blues” (about 80%) to PP Psychosis (1 or 2 in 1000).

Stats Canada, 2019 - Survey on Maternal Mental Health 2018
<table>
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<tr>
<th>Groups at greater risk</th>
<th>Bereaved mothers (stillbirth/miscarriage)</th>
<th>Young parents</th>
<th>Isolation and lack of emotional supports</th>
<th>Addictions</th>
<th>Low socioeconomic status</th>
<th>Previous mental illness</th>
<th>Preterm/critically ill infants (NICU admission)</th>
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<tr>
<td>American College of Obstetricians and Gynecologists, 2006</td>
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How can we better support mothers and babies?

Time to start thinking upstream:

“It is both most caring and cost effective to promote healthy child development from the beginning of a child’s life than it is to treat problems later… The later in life we attempt to repair early deficits, the costlier the remediation becomes…”

Heckman, 2002
Connecting the dots: An ecological lens to preventive measures for adverse childhood experiences

- Develop preventive measure through a pro-active, multifaceted approach
- Consider the child and the parental context together
- Raise public awareness about the importance of a positive start in life
- Enhance collaborations and networking opportunities among service providers
- Enhance macro-social policies to reduce poverty and deprived family environments influencing child development

Traverso-Yepez, Rourke, Luscombe, 2017
INFANT MENTAL HEALTH (IMH) AND ITS PROMOTION

- National Council on the Developing Child, 2004
- Zero to Three Infant Mental Health Task Force, 2001
- Zeanah, 2018

IMH refers to the healthy socio-emotional development of infants

Involves “the capacity to regulate emotions, form relationships and explore the surroundings”

Its promotion (from a public health perspective) addresses ways to facilitate this development...
The development or construction of infant mental health requires from the child to be exposed to...

- Responsive relationships
- Opportunities to learn core skills
- Supportive coaching to learn overcome stress
Socio-environmental demands...


*Center on the Developing Child at Harvard University, 2007
The Eco-bio-developmental framework where the biology of health and development is located*

*Center on the Developing Child at Harvard University, 2010
Nurses as a leading professional in caring for the dyad: mom-baby

Research in the NL context shows that family doctors and nurses are the healthcare providers, who more frequently see the dyad mom-baby (Traverso-Yepez, Porr, et al., 2019).

Research about how IMH and its promotion could be integrated and effectively translated in the training/education of nurses is ongoing (Norton, Traverso-Yepez, Gustafson, 2019).

Preliminary bibliographic research show that nurses receive none or very limited training in this field, and some of the barriers include lack of time, lack of money, and lack of institutional recognition for nurses to pursue supplemental training.

Marcellus & Shahram (2017) highlight that Canada undervalues the leadership role that PHNs could play by developing and/or enhancing IMH promotion services.
Lessons from other countries and other provinces in Canada

- Australia and New Zealand had incorporated the socio-emotional health of mothers and babies in routine care (Alexander, 2013)
- Home visiting programs in South Africa shows the emotional draining that nurses experience when working with poor and disempowering women (Baradon & Bain, 2016)
- Workplace challenges for assessing socio-emotional health of infants and caregivers (Bryant, 2016)
- In Canada, there are provincial chapters of Infant Mental Health and Perinatal Mental Health in Ontario, Saskatchewan, Manitoba, and British Columbia

Need for more training, tools, and economic resources
To go beyond caring for physical health demands a good deal of knowledge and skills about:

- Transactional or relational approaches
- “Motivational interviewing”
- “Facilitating attuned interactions” (FAN approach)
- Positive parenting skills
- Trauma-informed practice

Need for more specialized training and/or enhancing collaborations with other professionals
Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children

Supporting Parents and Child Development

A knock on the front door can bring parents the support they need to nurture their young child’s healthy development. Home visiting reaches families where they live by delivering parent support and child development services directly to the home environment.

Learn more: www.zerotothree.org/homevisiting


https://homvee.acf.hhs.gov/WhatsNew.aspx
The Pyramid Model: Promoting Social and Emotional Competence and Addressing Challenging Behavior

- **Tertiary Intervention:** Few Children
- **Secondary Prevention:** Some Children
- **Universal Promotion:** All Children

- **Effective Workforce**
- **Nurturing and Responsive Relationships**
- **High Quality Supportive Environments**
- **Targeted Social Emotional Supports**
- **Intensive Intervention**

Assessment based interventions that result in individualized behavior support plans.
Authors I would have loved to know when raising my children, and also excellent for those working with moms/caregivers...
Questions...?

Questions for Discussion...

Either if you are a nurse in a clinical setting or in a public or community health setting, how comfortable do you feel in supporting mother/caregivers with signs of mental health issues and babies who do not seem to thrive?

Considering the relevant role that nurses play in caring for these populations, what resources do nurses need to enhance their ability to support mothers/caregivers and infants?

Thanks for your attention!

mtraverso@mun.ca


7. Heckman J. The real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the very young. Chicago, IL: Ounce of Prevention Fund and University of Chicago, Harris School of Public Policy Studies. 2000.


9. Center for the Developing Child. Harvard University:
   - Experiences Build Brain Architecture: https://www.youtube.com/watch?v=VbNNSN9IUkws
   - Toxic Stress Derails Healthy Development: https://www.youtube.com/watch?v=mVwFkOZHZJw
   - The science of neglect: https://www.youtube.com/watch?v=bF3j5UVCSCA