



Summary of PSI Statement to the Oireachtas 18 October 2022

We know that investing early and smartly by supporting parents and family systems in their journey through early parenthood is likely one of the more cost-effective ways to promote mental health. The Model of Care for the Specialist Perinatal Mental Health Service (SPMHS) highlights the importance of parent-infant mental health services in assessing and providing care for mothers who are at risk of relationship and parenting difficulties. The model advocates for a focus on mothers, infants, and relationships, in the context of the broader family. As psychologists, we believe that providing therapeutic input to the parent will always benefit the infant. Today, we will advocate for a broadening of the model of perinatal health to include those who have been largely excluded, to provide a continuum of care between perinatal and community services, and most importantly, to invite the infant into the perinatal services and the services into the world of the infant.

We believe each of the hubs of the SPMHS would benefit from an infant mental health practitioner to fully realise the philosophy espoused by the perinatal model of care. We must learn from our history of separation and move towards combined care that supports early relationships between caregiver and baby.

Primary care services in Ireland are ideally placed to meet the unique experiences of the perinatal period. These services support early relationships, development, and attachment in mother-infant dyads and the broader family system. We believe investment into primary care psychology, and consideration of its merits as a frontline service for those in the perinatal and infant period, will ensure a continuity of care for women and families.

A “baby blind spot” exists in children and young people’s mental health policies, strategies, and services. Caring staff currently provide excellent medical care of neonates in neonatal intensive care units

(NICU) in maternity hospitals and in paediatric intensive care units (PICU) in paediatric hospitals. However, these centres need perinatal and infant mental health psychologists. Adequate staff resourcing of the health and social care professionals (HSCP) team would help actualise perinatal mental health for parents and infant mental health for babies across the NICUs and PICUs in Ireland.

To date, no service provision has been developed for partners in the perinatal period, including those within the LGBT+ community. The Psychological Society of Ireland believes that this is a service gap in need of further exploration.

Teenagers are at high risk for developing mental health disorders and post-traumatic stress disorder. We advocate for the provision of psychological care to this cohort and believe a working group could be formed to explore how best to provide this care.

Care offered to women should be based on the principles of trauma-informed practices. Development of a specialist, key worker-led pathway for women who have experienced trauma or are at risk of developing trauma during the perinatal period could be explored as an option for women who have a prior history of trauma and feel that they would benefit from having the support of one professional throughout their perinatal experience.

According to John Bowlby, eminent psychologist and psychiatrist in a 1951 World Health Organization (WHO) report, “If a community values its children, it must cherish their parents”. In the PSI and our SIG, we strongly believe that perinatal and infant mental health services offer a unique opportunity to cherish both parents and children in Ireland. We urge you, the leaders of our country, to invite in the infant, invite in the mother and invite in the family. As a state we have birthed these perinatal services; now is the time to parent them and help them to reach their full potential.