Archives of Psychiatric Nursing 33 (2019) 215–216

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Infant Mental Health: The Responsibility to Nurture Health

The International Society of Psychiatric Mental Health Nurses (ISPN) exists to support advanced-practice psychiatric mental health nurses in promoting mental health care, literacy and policy worldwide. As advanced practice registered nurses (APRN), we practice in a variety of environments and influence the healthcare of populations. Focusing on infant mental health, including emerging clinical practice issues, research derived from quantitative, qualitative or mixed methods studies, and examining related issues comprise a lifespan perspective and the focus of this special issue on infant mental health. This special issue will present a variety of topics that highlight infant mental health and themes related to this subject matter. We have carefully curated a collection of manuscripts related to infant mental health in order to demonstrate the epigenetic underpinnings of trauma and ACEs, review the experiences of childbirth among woman, understand the role of maternal depression and substance use, highlight complementary practices and acknowledge the responsibility that all APRNs have to advocate for the care of our most vulnerable.

The content for child and adolescent psychiatric mental health nursing as a clinical specialty has disappeared from academic nursing programs, especially for the APRN. As two doctorally prepared APRNs with rich educational, practice, and research portfolios, we are committed to ensuring that the contemporary APRN has up to date information. In addition, we are concerned that our colleagues have a place to update their knowledge. Our solution to ameliorate the lack of content was to initiate the Child and Adolescent Psychiatric Mental Health Nursing Symposium at the annual conference of ISPN. Valuing a lifespan perspective, we planned and implemented the first symposium with a focus on infant mental health in 2016. Those of you who attended that symposium may recognize some of the authors and content in this special issue. However, we are delighted to have expanded on the content from the symposium to offer additional and diverse clinicians, researchers, and academicians the opportunity to share their work (ISPN Annual Conference, 2016).

The unique perspective of ISPN is one of global consciousness. Current events in today's world – immigration, trauma, wars, crime, school shootings – that are experienced by children are unfortunately common. Additionally, we know that these early experiences are foundational. Infant mental health refers to the social and emotional development of children ages 0-3. The mental health of families and children is an important worldwide public health issue. We know that many mental health conditions often begin in childhood. One in six children ages 2-8 have been diagnosed with mental, behavioral, or developmental disorders (Cree et al., 2018). As APRNs, we need to pay close attention to contributing and mitigating factors that influence the development of mental health conditions. The information in this special issue is one effort to better inform APRNs about the impact of mental health during this developmentally vulnerable period of infants 0-3 and their caregivers.

We must continue to emphasize factors related to both trauma and resiliency. The foundational research about the impact of trauma in childhood has been referred to as "Adverse Childhood Experiences (ACEs)" (Felitti *et al.* 1998). This concept has been gaining more mainstream attention in the past several years. The healthcare community has an obligation to understand the health implications linked to toxic stress and ACEs not only related to children, but the parents that they grow up to become. Despite trauma and adverse events we know that interventions aimed at acknowledging trauma, improving the mental health of caregivers, strengthening relationships, utilizing mentoring strategies, and reframing narratives through therapy can all have a positive impact on the trajectory of the mental health of children.

As we delve into the multifaceted realm of infant mental health, we must honor the complex experiences of the parents and families that birth, adopt, foster and raise our future generations. We were moved by the lived experience featured below of a woman in her 30s who works as a special education teacher and was seeking to manage both her own chronic illness of Crohn's Disease while desperately trying to get pregnant for the second time. As you read this story consider the ramifications of her experience on the family that she and her partner are raising and the future children that she may carry. This is her story…

I am confronted with the smile of the receptionist. "When was your last missed period? Sign in here. How many weeks are you?"

About an hour ago I was about to take my students on a walking field trip to the nearest grocery store. Working with high school students requiring specialized education for things like grocery shopping can be a challenge but I live for these moments where they get to practice their classroom skills in their community.

About an hour ago I was doing my job – the one I get paid for. A few co-workers knew about my pregnancy but it was too early for the first appointment. I take a bathroom break before I dive into my next task.

Now I am here. In a waiting room. I shift in the giant pad that is collecting the bleeding from in between my thighs. Quietly I say, "No. I'm. Not…I think I've had a miscarriage." The receptionist has no protocol for this statement and looks down.

The doctor now sits in front of me. I get this sickening feeling that maybe I had been forgotten about because the ultrasound tech left me for what has seemed like an eternity. "Based on the ultrasound and the report that you gave the nurse, it is a miscarriage. There are some things to look out for…"

There is no one with me. My partner is not here. Luckily I had a coworker who cared enough to get me to the office and she's in the waiting room. Finally, some rational thought returns, I calmly state "I am having trouble understanding and taking in this information. Can

https://doi.org/10.1016/j.apnu.2019.04.010

you please write what you are saying down for me?" The doctor stops. "The receptionist will write it down for you." Brain shut down occurs. I leave the room. My coworker wears hope on her face when I reappear. I shake my head, no. It's over.

Life moves on. Miscarriages aren't really spoken about. A range of emotions and feelings occur but it's going to be okay because I can try again. I am cleared at my follow up appointment with a nurse practitioner. But she wants to run a few blood tests just to make sure the HcG levels are returning to normal. This time my partner is with me. And the people in the room seem to care and take extra time listening to questions.

Leaving the office I start to feel a sense that I can put the experience behind me. My phone rings. The blood tests are back and it doesn't make sense the HcG levels are way too high for the stage of pregnancy. "Are you sure that was the date of your last pregnancy? We need you to come back in for an ultrasound and to see a perinatologist."

The next day I am on the operating table. It wasn't a miscarriage as the first doctor thought rushing through my appointment. I have a molar pregnancy growing inside. For the next year there will be weekly blood tests; then monthly until I am at zero HcG. If my level should spike, then possible chemotherapy will be in my future. I don't spike but every week I wait for the test results until I am finally cleared.

Now I sit in yet another office and I wonder:

Will you listen to me when I advocate for myself? Can I trust you are taking time with me? If I don't understand, will you make sure I can get my questions answered? How would you feel if this happened to you?

This personal story of turmoil within our healthcare system is one that we sometimes hear about however, many women and families suffer in silence and their experiences impact the trajectory of their future children and family in complicated and multifaceted ways. Healthcare is in a current state of flux that is exacerbated by complex patient comorbidities, reimbursement issues, and changing location settings of health care delivery. In this context, the APRN is in a key position to join with others to focus on health care needs of many populations.

APRNs are leaders in the healthcare environment. As APRNs who value a lifespan perspective, it is incumbent for us to pay attention to issues that impact infant mental health both locally and globally. Organizations such as the International Society of Psychiatric Nursing, World Health Organization and the World Association for Infant Mental Health exist to promote goals related to the mental wellbeing and healthy development of infants across nations.

The purpose of this special issue on Infant Mental Health is to provide the APRN with information about infant mental health and the effects of various phenomena impacting the mental health of infants. Infant mental health is a lifespan concern that crosses generations and can impact family systems. Impacting both maternal and infant mental health, postpartum depression (PPD) creates an environment for intervention. Goodman provides information on maternal depression while Horowitz and colleagues describe an effective coaching intervention for PPD. DeSocio provides an excellent overview of epigenetics and Hambrik and colleagues describe the effect of trauma and ACEs. Events such as previous childbirth create context for Korukcu's article about the fear of childbirth. External factors' effect such as prescribed psychotropic medicines is outlined in the article Hardy writes while the effects of substance use during gestation are articulated by Kondili and neonatal abstinence is studied by Carlson. Interventions for breastfeeding are designated by Webber in her article; group based interventions are conceptualized by Gillis; and Libster explains soothing complementary methods for mother and infant interactions. Finally, we close with Raphel's article on policy as a reminder of our commitment to advocate for our special populations.

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Further Reading

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