

## **“The value of reflection and containment in hospital paediatric settings-the dangers for the infant if lost, the work of an Infant Mental Health Team to find ways to recover and get through”**

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**Background:** Parents who care for their infants with ongoing, complex medical needs in the acute hospital, setting experience very high and ongoing stress, akin to living in a constant state of emergency. Staff too are pressured with myriad demands, influenced not just by their own responses to witnessing the vulnerability of their young patients but by overarching hospital culture and practices.

In this pressured context the reactions in staff to their patients and their highly aroused parents frequently exist without reflection and unacknowledged, otherwise known as being on “auto-pilot” This creates fertile ground for misunderstandings, and easy derailment of the collaborative partnership between parent and staff necessary for optimum care of the sick infant over the long term.

**Aim:** This presentation aims to show the ways in which anxiety is defended against in examples of everyday responses of parents and staff in the care of sick infants in a paediatric hospital setting. These defence mechanisms have formerly been described by Elizabeth Menzies-Lyth in her seminal work with institutions with further development by Amanda Jones. In such a context unreflected and uncontained affects lead to “acting out”/reflex responses in staff and parents, differential treatment of the infant, and sometimes over investigation, overtreatment even child protection concerns. The parent can commonly feel dismissed, blamed, helpless or unheard by staff. Staff, at all levels of influence report feeling similar emotions and also thwarted and sometimes defeated in their well intentioned efforts to provide treatment for the infant and education, and consultation with the parent. Amidst all of this, the infant can become lost, unseen, unheard and to some extent alone. It is at this point of impasse when a consultation is requested from the Infant Mental Health Specialist. The poster presentation provides a guide to identify these defensive processes which occur commonly but frequently hinder the best efforts of parents and staff in collaborative care of the infant and in attunement to the infant’s experience of their illness and to recognise their capacities to grow and recover.