**G-PIMHS Case Study (April – August 2024)**

Baby Emma aged 9 months was referred to a Play & Development group with her mother Harriet. Harriet was under the perinatal team at the time as she was struggling with her mental health. She felt this hadn’t been picked up early enough so was really struggling by the time she got support. It was felt by the Flying Start team that attending a group focused on Emma’s emotional development and meeting with other parents would help strengthen the bond between her and Harriet.

They attended 2 sessions but, at the same time, social services had become involved due to a bruise on Emma’s head. Harriet was feeling very vulnerable and struggling with very low mood. She said she was finding the group helpful in some ways but also felt that she couldn’t connect with the other mothers as her anxiety was escalating. Her and Emma ended up being admitted to a Mother and Baby Unit where they stayed for a period of a couple of months.

The family remained open to G-PIMHS during this time for our therapist to follow up when they were near to discharge. We liaised with perinatal and the team at the MBU along with social services to help put a discharge plan in place and ensure that Emma and Harriet were supported once back at home.

Emma was coming up to one year by this point and thriving. However, it was a huge transition for Harriet to be back at home away from the routine of the unit. She had a huge amount of support in the first couple of weeks but this quickly dropped away as her mental health stabilised. They were visited weekly by the PIMHS therapist and offered parent-infant psychotherapy to assess their relationship after everything they had been through. Harriet was starting to gain more insight into her mental health and how some things that had happened to her in childhood, such as her mother leaving the family home and her father dying suddenly, had an impact on her and her ability to cope as a parent herself. She never felt that any of the services involved were good enough and that everyone just left or abandoned her. Over time, she was able to link this to her own experience of being parented.

It took a long time for Harriet to build trust in the therapist. Through play, we were able to work on her ability to be available to Emma. In a short time, the therapist had no concerns about the parent-infant relationship and it was felt that Harriet only really needed ongoing support for her mental health. The perinatal team discharged her to the community mental health team but she had to wait a while to be allocated a CPN and a psychologist. The ending and discharge from PIMHS had to be carried out carefully to avoid this feeling of being abandoned again. This was managed through regular meetings with social services, being very open and transparent with Harriet and planning the ending once she had been handed over completely to the mental health team.

In this time, Harriet became much more proactive in seeking out groups and things that she needed to maintain good mental health. She was supported to take Emma out more and attend appropriate toddler groups. This was something she found difficult as she felt she had missed some of her ‘baby’ time when she was unwell and in the MBU. Finally, Harriet was able to be discharged and we had a positive ending. She was much more confident in her parenting of Emma, responsive to her needs in a way she hadn’t been able to be when she was feeling so unwell. We were also able to celebrate how much more motivated Harriet was to seek her own support without relying on others and realise she had her own resources.