



THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH (Inc.)

AFFILIATED WITH THE INTERNATIONAL ASSOCIATION FOR INFANT MENTAL HEALTH

Number 2

Newsletter

Spring 1989

From the Editor

The response to the first issue of this newsletter has been very gratifying and it has resulted in a significant increase in membership during the first few months. That means we can now reach a much wider audience.

Our main article in this issue addresses an area which has recently received enormous publicity in the media – small children involved in court procedures. The Deren case has highlighted a need for expertise in assessing child abuse cases, and Toni Single in her article is pleading for the experts in our community to become more involved with this issue.

In this edition of the newsletter we start a new column called *Project News* in which exciting new clinical and/or research activities can be shared with others. The Early Neonatal Discharge Programme for Preterm Infants at King George V Hospital is the first in this series.

We are also introducing a column titled *News from Affiliates*. This column will undoubtedly build as our relationships with affiliates consolidate.

Unfortunately Marie Kelliher has been unable to continue in her position as Co-editor due to other work commitments and we thank Marie for her contribution.

Finally, I'd like to encourage you to submit articles, letters to the editor, announcements etc. to make this newsletter a colourful and truly interdisciplinary forum for information and ideas.

Renate Barth

From the President

In each of the issues of the AAIMHI newsletter I hope to make some comments on the progress and development of our new organisation. I hope that future Presidents will continue this way, particularly in the first few years as we find our place in the scheme of things.

We have begun in the spirit of interdisciplinary egalitarianism, with the intention of providing a voice for each discipline and each member of AAIMHI. One of the reasons for founding this organisation was to address the problem of professional isolation for people working in this area. This is particularly pertinent in Australia where frequently those with talent, purpose and ideas in the field of infancy, are not necessarily the ones able to travel the long distances to either inter-state or overseas conferences.

With this in mind, I have made special efforts in the last three months to establish as early as possible AAIMHI's connections with other States, New Zealand and with our affiliates in the USA and Canada. This should give our newsletter an extra breadth and the connections should provide our members with valuable contacts throughout the world.

There have been some welcome responses to these initiatives from Susan Berger in Illinois, Edward Hinckley from Maine USA, Dawn Manly and John Kirkland in New Zealand and Suzanna Taryan in Melbourne.

In October we shall have our first

Annual General Meeting and this is perhaps an opportunity to inform the general membership as to what their Foundation Committee has been doing during its regular monthly meetings and sub-committee meetings.

Since September 1988, when first incorporated, AAIMHI has organised two half-day seminars, *The Development of the Self* in February and *Attachment Theory and its Practical Implications* in September.

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From the President

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As well as this, there have been two evening seminars on *Infant Observation* and *Infants in Hospital*. A Publications Sub-committee has been formed which now produces a high quality quarterly newsletter. We have also had our first of many social gatherings.

Looking inward, the Foundation Committee has been developing the structure of AAIMHI to streamline operations and to enable greater sharing of the workload by setting up sub-committees to cover publications and membership. Future developments will include funding, liaison and social sub-committees.

The Committee is also working on a three year financial plan which aims at enabling us to realise our goals of regular seminars and conferences, quarterly newsletters and continued development of liaisons with other organisations. We have some hopes of eventually producing a journal, although this will probably come about naturally as the membership consolidates and there is more demand for this. It is also being explored as to how to set up a resource library for members.

The spirit and enthusiasm of Committee members for the concept of AAIMHI has been immense and the ideas and contributions of each person have helped to form our direction for the future. It has been exhilarating to work with such a team and to see the enterprise and talent which has been brought to bear on each issue as it arose.

As the months have rolled by this year there has been a steady increase in membership and a number of members are clearly dedicated to exciting projects. I am amazed at how many organisations and projects keep coming to light and how extensive this network of persons working in infancy is, in Sydney alone. Imagine how much must be happening and must be worth reporting throughout the whole of Australia.

Perhaps some of our growing membership would like to contribute actively in the 1989-1990 year by serving on the Committee or sub-committees of AAIMHI.

My very best wishes to all of you for the rest of 1989 and I look forward to meeting many of you either at the AGM or at the AAIMHI Christmas Party.

Keryl Egan

AAIMHI Programme for 1989

October 24, 1989.

Annual General Meeting

This is an important night. Please come!

Dr Bryanne Barnett, Dr Denise Guy and Dr David Lonie will report on the Fourth Congress of the World Association of Infant Psychiatry and Allied Disciplines in Lugano, Switzerland.

Time: 7.30 p.m.

Venue: Institute of Psychiatry
Rozelle Hospital, Sydney.

December 16, 1989.

Christmas Party

Venue: 15 Cooper Street
Double Bay, Sydney.

AAIMHI Programme 1990 Call for Presentations

If you would like to present a paper at a seminar, please send a short abstract of your intended presentation to AAIMHI or call to discuss it on 328 6813.

AAIMHI presentations are audio taped for the benefit of members.

News from Affiliates

The Infant Mental Health Journals have started to arrive and Hiram Fitzgerald writes that there are some exciting things in the summer IAIMHI newsletter which should arrive on your door around September.

Illinois

Susan P. Berger, Treasurer of the Illinois Association for Infant Mental Health, welcomes AAIMHI as a new affiliate of IAIMHI and shares the following information with us:

Illinois is one of the larger affiliates of IAIMHI with 138 full members in 1988 and a 20 member working board of directors. Once a year they sponsor a full-day conference. Keynote speakers have included Dr Jay Belsky (1987), Dr Alicia Lieberman (1988) and Dr Robert Emde (1989). Their most recent accomplishment was the initiation of a one-year fellowship (hopefully to be offered annually) awarded to one of their members. The first fellowship went to Dr Tomacine Henek for training with Dr Heidelise Als in the use of the APiB (Assessment of Preterm Infant Behaviour). The Illinois group is also interested in advocacy for young children and their families and is just beginning an advocacy focus group.

Maine USA

As well as the letter from Edward Hinckley which we have produced in full (below) for your perusal and comment, there is the MAIMHI newsletter. This newsletter is heavily weighted towards interest in training and is full of news about the latest achievements in gaining funding for projects. Here are some modified extracts of the newsletter:

Training

The Maine Association's 45-hour graduate telecourse *The Awakening and Growth of the Human: Studies in Infant Mental Health* is being

planned for both the Child and Family Institute, University of Southern Maine and the University of Maine. The formats will vary from a one week intensive course to a fifteen week evening course. This telecourse apparently has attracted interest and enquiries from fifteen States in USA and may be of interest to members of AAIMHI.

Graduate Opportunities

Wheelock College in Boston now offers a Masters Degree in Early Intervention that provides a family-focussed training programme. Among its innovative components are the provision of family group supervision and the addition of a parent advisor to its faculty. The parent advisor, who has a child with special needs, co-teaches several courses, serves as a consultant to students and faculty, and acts as a liaison with the community.

Purdue University has recently received a three year grant from the US Department of Education to offer a Masters Degree programme for early childhood specialists. The focus of the programme will be on functioning effectively as members of an interdisciplinary team. The programme is composed of a series of core courses and practicum placements in a variety of agency settings serving young children with disabilities.

Contact addresses are available from AAIMHI.

A letter from Edward C. Hinckley, Maine Association for Infant Mental Health, Inc.:

The Maine Association for Infant Mental Health is working on various issues relating to IMH in Maine. One area of concern is the area of **Quality Assurance in Infant Mental Health Practice**. Though we are not interested in creating a system of credentialing or licensing practitioners, due

to the many associated ramifications of that task, we are going to write a *position paper* stating our beliefs about the practice of infant mental health in Maine.

In order to avoid reinventing the wheel, we would like to know what other organisations and chapters of the International Association have done in this area. We are specifically looking for information on guidelines for practice, position papers, recommendations or other similar materials. If your organisation has gone further than establishing a position or voluntary standards—such as developing guidelines for beginning infant mental health practice—this information would be very useful also.

Some of the areas we hope to cover in our paper include:

1. Definitions, to include settings for practice, developmental issues, and our definition of IMH.
2. Practices, to include philosophy, levels or kinds of practitioners, ethical issues, quality assurance issues, and legislative issues.
3. Specialists, including what they should be able to do at various levels of practice, education and training issues, supervisory issues and referral systems.

These are just a few of our ideas. We'd appreciate receiving any comments, thoughts, suggestions of others we might contact, or materials that you are able to provide. If you are interested, we will be happy to share both the responses to this letter and our eventual product with you.

Thank you for your assistance. I will look forward to hearing from you.

Sincerely,

Edward C. Hinckley

Infants in the Children's Court

*Toni Single **

Infants who appear before Children's Courts represent the extreme end of the "At Risk" spectrum. Unlike twenty years ago when most babies coming to such Courts did so due to "neglect" (poor environmental conditions), this is rarely the case today. Most cases now involve the more severe forms of physical, emotional and sexual abuse. Usually, Court action taken by the Department of Family and Community Services (F.A.C.S.) occurs after an actual abusive incident happens. However, an increasing number of babies are now appearing before the Court shortly after birth, without being discharged into parental care, as a result of previous severe abuse of siblings and subsequent fears about the new baby's safety or development, e.g. where previous children have been killed by parents or where a severely chronic schizophrenic mother has been totally unable to care for previous children. Such "preventive" protection of babies is now possible under a clause in the "New Act" (Child Care and Protection Act of N.S.W., 1987) which encompasses not only proven abuse but also "likely to be abused". Court action does not necessarily mean removal of a child but may be used to protect the baby through Court-enforced undertakings of the parents to obtain medical treatment, day care placement, therapy for themselves, etc., which may allow the baby to remain safely in their care.

A proportion of babies coming before the Children's Court have been physically abused: fractures, burns, beatings, shaking injuries and suffocation attempts, some of which may leave the infants with permanent handicaps. Babies who have been abandoned by parents may also be protected by Court action. Increasingly, a proportion of infants now being seen are victims of "emotional abuse" and this proportion is likely to increase with the advancement of knowledge in this area and a growing acceptance in the non-psychiatric milieu that little babies can be damaged in the most horrific ways without being beaten or burned. In my experience, most of the babies considered to be "emotionally abused" are victims of extreme emotional unavailability and/or multiple and chaotic caretaking.

Under the "New Act", the level of proof of "abuse" is considerably higher than was previously accepted. In most cases of physical abuse of babies, the medical evidence is direct and can be easily understood by non-medical personnel. However, "proving" emotional abuse within a legal milieu is far more difficult. Thus, there is a great need for skilled assessment to be undertaken by experts in both adult and infant psychiatry. There is also a need for clear and detailed reports to be made available to the Court. Such reports can assist not only in decision-making about a child but can also be a means of educating non-psychiatric personnel in the area of infant-parent relationships. It has been my experience that most Magistrates in the Children's Court are eager to learn about these matters and welcome relevant articles attached to such reports.

When so much emphasis is now placed on adult legal rights, it is essential that skilled advocacy for the baby is provided via careful assessment of the parents, baby and the interaction between them. When such skilled assessment is not available, the Magistrate may be forced to make major life decisions about a baby based only on the F.A.C.S. Officer's report or those of non-specialist personnel. In some areas of both Sydney and country, it is almost impossible to obtain expert psychiatric assessment of "at risk" babies and their parents for Court purposes. It is not a popular branch of child psychiatry and many practitioners baulk at having to be involved in Court matters. This is a great pity, since such decision-making is truly "preventive psychiatry" at work, when one considers the long-term and generational ramifications of such early severe abuse and deprivation.

* Senior Clinical Psychologist, Faculty of Medicine (Paediatrics), University of Newcastle, NSW 2308

Despite the improvements made over the last decade in the Children's Court involvement with abused babies, there still exist very major difficulties in the system:

1. The protracted length of time for a final decision to be made sometimes means that a baby is left "in limbo" for many months during perhaps the most critical period for the development of attachments. This delay is in large part due to the shortage of skilled professionals able or willing to do assessments of "at risk" babies and their families within a short space of time.
2. Frequently, proper assessment of the baby and family takes place "too late", perhaps only after several previous Court hearings over many months in which the parents have agreed to undertakings so they may be given the chance to "prove themselves". While this may be fair to the parents, often many babies sustain damage during this period which could have been prevented had detailed assessment taken place initially and a decision reached from the outset as to whether the family could benefit from intervention to allow the baby to remain in the family, or whether the family was, in fact, "untreatable". Such early assessment, too, could prevent damage arising from the baby being left in alternate care during the prolonged period of Court proceedings, if the baby could remain safely at home.
3. It has become common practice to place babies coming before the Court in short-term foster care and then, when a final order is made (sometimes 6 to 9 months later), to move the baby to a "long-term" foster home. The rationale that is often used is that it avoids long-term foster carers becoming "hurt" if the baby is returned home by final order. However, such action invariably leaves the infant vulnerable to attachment damage as a result of loss of the short-term foster carer to whom he will (usually) become attached. This could be considered as further "abuse" perpetrated on an already vulnerable infant. It is essential that those professionals making placements of babies likely to become wards, as far as possible place the baby, from the outset, with those parents selected to be long-term carers.
4. Currently, there is a critical shortage of foster parents, as the climate nowadays for taking on foster care is extremely poor. Fewer and fewer foster parents are being recruited. Because of this shortage, the pool of carers to select from is reduced and thus babies are often placed with whomever is available at the time. While potential adoptive parents are scrutinised exhaustively, often the same depth of assessment is not made of those long-term foster parents taking on vulnerable babies in need of the very best "reparative environment" available.

I would urge those of you with expertise in the infant and family psychiatry to become more involved in what can be a stressful yet most rewarding field. Such "at risk" babies, perhaps the most powerless and vulnerable group in our community, need professionals who will provide skilled assessment and advocacy for them in what are usually major life decisions. A few hours of skilled assessment early on, which can form the basis for early decision-making for such babies, may well prevent untold years of distress for the child, the family and the community, and hundreds of hours of psychotherapy aimed at undoing early damage.

Other Seminars, Conferences and Activities

September 13 - 23, 1989.

Sheila Kitzinger will tour Australia and present lectures and workshops in Sydney (13 and 16 September), Brisbane (14 and 15 September), Melbourne (17 and 18 September), Adelaide (20 September) and Perth (22 and 23 September). The public lectures are on "Birth, Breasts and the Passage to Motherhood". The workshops will be of special interest to health professionals and are titled "Culture and Childbirth".

Enquiries: (07) 266 9573.

September 25 - 29, 1989.

The Australian Psychological Society 23rd Annual Conference in Hobart, Tasmania.

The theme of the conference is "Looking at Ourselves: Achievements in Australian Psychology".

Enquiries:

Dr Kaley Kruup, 1989 APS Conference, Department of Psychology, University of Tasmania, GPO Box 252C, Hobart 7000. Tel (002) 20 2742.

October 18 - 21, 1989.

NSW Early Intervention Association Conference at Sydney University.

The theme of the conference is "From Assessment to Programming. Linking Assessment, Observation and Practice".

Enquiries:

Chris Johnston (02) 517 0297
Sandra Fisher (02) 412 1709

October 23, 1989.

The Hornsby Ku-ring-gai Hospital and Community Health Services: Family Care Cottage Bi-Annual Meeting to be held at Newcastle.

Marion Armstrong will speak on the impact "family of origin" has on parenting and relationships.

R.S.V.P.: 22 September 1989, Kerrie or Heather on (02) 489 2796.

November 16 - 17, 1989.

Two day symposium on "Mothers, Drugs and Babies".

Guest speaker will be Prof. Stephen Kandall, Mt Sinai School of Medicine N.Y.

Venue: Westmead Hospital, Sydney.

Enquiries:

Dr D.B. Thomas (02) 633 6145.

November 21, 1989.

Australian and New Zealand Association of Psychotherapists and Westmead Hospital Infant Developmental Conference.

Speakers will be Prof. Michael Lewis, Dr Bryann Barnett, Dr Joseph Lichtenberg and Dr Judy Ungerer.

Venue: John Lowenthal Auditorium, Westmead Hospital, Sydney.

Enquiries:

Department of Psychiatry, Westmead Hospital, (02) 633 6333.

April 17 - 20, 1990.

Australian Child Protection Conference under the auspices of NSW Child Protection Council.

Venue: Macquarie University, Sydney.

Enquires:

Australian Child Protection Conference
NSW Child Protection Council
PO Box 228
Parramatta, NSW 2150.

April 19 - 22, 1990.

7th International Conference on Infant Studies (ICIS) in Montreal, Canada.

Enquiries:

ICIS Conference Office
Attn. Philip R. Zelazo, Ph.D., Programme Chairman
GEMS Conference & Consulting Services,
PO Box 1016, Snowdon Station, Montreal, Quebec,
Canada H3X 3Y1.

Project News

KGV Early Neonatal Discharge Programme for Preterm Infants *Ingrid Rieger**

Discharge home soon after the delivery of full-term infants has been a policy among many Australian hospitals for some time. The economic advantage to the community of decreased length of hospital stay is self-evident. There are also advantages to the family. The group from Westmead Hospital, Sydney, has demonstrated better post-partum adjustment in a group of mothers discharged early (24-48 h after delivery) compared with a group discharged after the more traditional time of 5-7 days.¹ Early discharge of preterm infants has also been shown to be both safe and cost effective.^{2,3}

At King George V Hospital, Sydney, we are at the beginning of an exciting change in the care of growing-up preterm infants. We have started an early discharge programme for these infants, the aims of which are not only to encourage discharge home as soon as practical, but to continue to support the infant and family once at home, until they are used to their new situation. We aim to prove our cost-effectiveness and so our continued funding (from Medicare). Secondly we aim to assess whether we create more parental anxiety by the earlier discharge from intensive care, or whether we increase parent confidence by our increased support and thus relieve some of the anxiety surrounding discharge. Our third aim is to assess outcome (medical, developmental and behavioural) of the infants, to see whether early discharge and continuing support influences them either positively or negatively.

Our team consists of four nursing sisters, one to coordinate the nursing aspects of the programme and three to provide support for the parents while their babies are still in the nursery and once they are at home. This will entail home visits and a 24 h on call telephone advice service. A psychologist, a physiotherapist and a paediatrician comprise the rest of the team.

Weight criteria have not been used to govern when a preterm baby is discharged from our nursery for some time. We will still require that the baby is out of added environmental oxygen, apnoea-free and able to maintain his body temperature outside a humidicrib, but the last week of a baby's stay in hospital is usually spent ensuring that he does not have any feeding difficulties and that his mother is confident about his day-to-day care. It is this last week that we are hoping to replace by home care. For the first fortnight after discharge there

will be frequent visits from the early neonatal discharge sister to the home to establish these skills, which she will already have been encouraging while the baby is still in the nursery.

We plan to assess parental anxiety just prior to discharge home, and then again 2 weeks later. We will also measure parent-infant bonding. At 4 months we will assess anxiety and bonding again. At 7 months after discharge we will assess bonding, anxiety, infant temperament and will take a medical history. A developmental screen will be performed at 7 months. The infants will be weighed and measured at each visit.

We are currently funded for 12 months, but aim to establish that home care to ease transition from hospital to home for preterm infants is a necessity and should continue indefinitely.

1. James, M. et al. An evaluation of planned early postnatal transfer home with nursing support. *Med J Aust* 1987; 147:434-438.
2. Brooten, D. et al. A randomised clinical trial of early discharge and home follow-up of very-low-birth-weight infants. *N Eng J Med* 1986; 315:934-9.
3. Dillard, R., Korones S. Lower discharge weight and shortened nursery stay for low-birth-weight infants. *N Eng J Med* 1973; 288:131-3.

Getting in Touch

I am writing to request some information to help child care centre staff to help their children to cope with staff changes.

Child care centres in the Wyong Shire seem to experience a fairly regular turn-over of staff, often creating problems to children in care who have formed an attachment to that member of staff.

I have contacted the Family Education Unit, the Institute of Early Childhood Studies and The Lady Gowrie Centre – unfortunately none of these services could provide any information.

I would appreciate any relevant material that you may have.

Thanking you,
Terese Phillips
Itinerant Support Teacher
YARRAN Central Coast Early Education Centres for
Handicapped and Slow Developing Children
c/- Mount Penang Training School
Gosford 2250.

* Paediatrician, King George V Hospital, Missenden Road, Camperdown NSW 2050

Resources

AUDIO TAPES

AAIMHI:

AAIMHI is offering audio tapes of its own seminars. Tapes of the following seminars are available now:

1. "How do Babies Think and Feel?"

Speakers:

Professor Russell Meares "The Development of the Self in Infancy".

Dr Curtis Samuels "Components to the Developing Self: A Research Perspective".

Professor Bruce Tonge "Discussion of the ideas put forward by Prof. Meares and Dr Samuels".

Cost: \$25.00 for two ninety minute tapes.

2. Infant Observation

Speaker:

Peter Blake

Cost: \$12.00

3. "Attachment Theory and Practical Implications".

Speakers:

Dr Bryanne Barnett "Attachment Theory"

Ms Maria Radojevic "Current Research, in Particular Involving Fathers".

Mrs Julie Campbell "Attachment in Relation to Day Care".

Mrs Barbara Craven "Discussion of the ideas put forward by Dr Barnett, Ms Radojevic and Mrs Campbell".

Cost: \$25.00 for two ninety minute tapes.

Advertising in AAIMHI Newsletter

We invite advertisements in our Newsletter.

Charges are per issue:

\$75 for a quarter page

\$150 for a half page

Other:

Audio cassettes of many of the plenary, pre-institute and special interest sessions of the December Washington D.C. Conference of the National Centre for Clinical Infant Programmes are available.

For more information contact:

NCCIP, 733 15th Street, NW Suite 912,
Washington D.C. 20005.

The Centre is in its eleventh year of non-profit concern with promoting optimal development of children and their families in the earliest years of life. Its project "Zero-to-Three" has worked since 1983 with 15 states that are trying to improve and integrate services for disabled and at-risk infants, toddlers and their families. The Project publishes a "Zero-to Three Newsletter".

VIDEOS

"Baby of Mine"

These are two videos made for childbirth education classes, covering: Those early weeks, crying babies, sex after birth, changes in couple relationships, going back to work and unrealistic expectations.

The videos can be ordered for \$125 from:

Elizabeth Andrew
12 Pritchard Street
Annandale NSW 2038
Phone: (02) 810 6049

The package includes an educator's handbook and 20 pamphlets for parents.

"Sam"

This 25 minute video explores the psychological impact of a premature birth on a couple. It is an educational resource for all areas of obstetrical and neonatal practice.

The video can be ordered for \$195 (15% discount if paid within 30 days) from:

Sam Publications
1 Briggs Street
Camperdown NSW 2050

The package includes a discussion guide.

Book Review

The New Mother Syndrome: Carol Dix
London: Allen & Unwin 1987, 268pp Paperback

This is a concisely written and moderately priced overview of the current ideas about post-natal depression (PND). Carol Dix uses the word *syndrome* in the title to denote that although the mother's (and sometimes the father's) emotional disturbance is usually depressive in nature, it is not always recognised as such by the new mother or by the professional workers involved. There are often reality factors such as lack of sleep, or changes in financial status which seem to be causing the problem. The feelings experienced at the time may also not be readily identified as depressive. They may be those of anxiety or anger rather than sadness.

This book looks also at the historical antecedents of current views. The ancient Greeks were familiar with the emotional problems that often follow birth. Hippocrates believed that 'when blood collects at the breasts of a woman, it indicates madness' (Dix p.41). Although this might not be quite the view taken by contemporary physicians, it certainly shows that PND is not a 20th century phenomenon, nor a product of our modern age with its anxieties about pollution and the ozone layer.

In more recent history Carol Dix looks at the contributions of the 19th century as well as pioneers in the area of PND in our own time. Dix has met and talked with many of these more recent workers, such as Dr Katharina Dalton, who believes that PND is primarily hormonal in nature.

Dix looks at this, and other often contradictory ideas, and gives each a brief but clear exposition. For many years it was thought for instance, that PND did not exist as a separate diagnostic category, and that women who became depressed after birth were already emotionally vulnerable or unstable and that the birth was the 'last straw' that triggered the manifestation of symptoms.

There is a preface written by Professor Brockinton of Queen Elizabeth Hospital, Birmingham, who was one of the founders of the Marcé Society. Formed in 1980, this Society is internationally based and consists of health workers (medical and non-medical) working in the area of PND. Professor Brockington talks about the strange fact that although surveys of the community

find a high incidence of new mothers (about 10%) suffering from PND, there are not many referrals to psychiatrists. This situation seems to be changing, certainly in Australia, as the result of organisations such as the Marcé Society and also of interested local workers.

Carol Dix is a former journalist who has herself experienced PND. She surveyed other mothers and this book contains contributions from about 300 of the women she contacted. Many were grateful for the opportunity to discuss their experiences.

Coming from a journalistic background, Dix has been able to present her material in a clear and concise form. There are case studies illustrating each point and each chapter is broken down into sub-sections. She deals with most aspects of the experiences involved in becoming a new mother. These range from subtle changes in the marital relationship to the plight of the career woman who has given up a job she enjoyed to become a mother.

Carol Dix is in favour of mother-baby psychiatric units and discusses some of the successful ones in England. There is a need for such units in Australia, and with quite a lot of interest being expressed locally, perhaps one will be set up in the near future.

The book finishes with a look at self-help groups and practical suggestions as to how to combat PND. There is an appendix containing the names and addresses of resource centres in England and Australia, and also the names of publications that might be helpful.

There are footnotes giving further details about issues raised in the text, a list of references and an index.

In all, this is a most useful book. Its only fault is its brevity, and this is unavoidable. To have written in depth on all the topics included in *The New Mother Syndrome* would have meant writing a vast and expensive tome.

Sue Johnson
Early Intervention Programme
Benevolent Society of NSW

Australia to be Represented in Switzerland

The Australian Association for Infant Mental Health has a number of members attending the biennial conference of the World Association of Infant Psychiatry and Allied Disciplines to be held September 19 to 24 in Lugano, Switzerland.

Those attending will be Dr Bryanne Barnett, Dr David Lonie and Dr Denise Guy. A paper has been accepted for presentation by Dr Denise Guy, one of our foundation members and member of the AAIMHI Committee. Denise will be presenting work which she and Angela Stupples carried out in Dunedin, New Zealand. The Chairman of the Programme Committee and President of IAIMH, Hiram Fitzgerald, has reported that the committee reviewed over 350 presenters for plenary sessions, symposiums, workshops, posters, media-theatre sessions and clinical teach-ins.

Farewell

Professor Bruce Tonge, Professor of Psychiatry, Department of Child and Family Psychiatry RACH is leaving Sydney to take up an appointment as Director of the new Centre for Developmental Psychiatry at Monash University. There he will set up an Infant Stress Unit working with Paediatricians as well as further his work on family relationships in schizophrenia and on post-natal depression.

Social Event

After many months of hard work AAIMHI had its first social gathering.

Our President, Keryl Egan, invited the foundation members and advisors of AAIMHI to a champagne breakfast with great food and live guitar music.



From left to right: Ms Sue Johnson and Dr Beth Kotze



Dr Bryanne Barnett

Let's have more of this!

Reports from AAIMHI Seminars

Infants in Hospital Seminar

This is a topic which deserves a number of seminars in the future. The evening was chaired by Helen Hardy from Occupational Therapy at the Royal Alexandra Hospital for Children, Sydney. Helen introduced the well-known Robertson film *John* which had such an enormous impact on hospital procedures in England at the time of its release some twenty years ago. At that time children were regularly separated from their parents during hospitalisations and this was subsequently changed.

The film illustrates the very painful emotional states induced in an 18 month old child when separated from his parents at the time of birth of the next baby. It shows the effects of separation of this traumatic nature upon the developing infant and toddler.

This was followed by Nicolina Rotunda's very cogent thoughts on present day hospital procedures which, although cognisant of the needs of infants and their parents to minimise separation and thereby allowing mothers to room in, nevertheless produce other problems for both parents and hospital staff.

Keryl Egan

A copy of Nicolina's paper is available from AAIMHI. Please send a self-addressed and stamped larger-sized envelope.

Infant Observation with the Focus on Weaning

Peter Blake gave an informative talk on the history, aims and techniques of infant observation. This was followed by a sensitive overview of the changing relationship between mothers and infants during the process of weaning. We were given examples of distressing as well as positive experiences for both the infant and the mother as they struggle through this process of separation and loss.

Sandra Rees

For information on infant observation training courses contact Peter Blake on 331 1144.

Introducing . . .

Special Needs Officer employed by the Playgroup Association of N.S.W. Inc.

The Special Needs Officer (S.N.O.) helps parents or carers of children with special needs to get in contact with a suitable local playgroup. The S.N.O. will talk to the playgroup about the special needs if this is necessary and accompany the child and parent/carer on the first visit if required.

For more information please contact:
Jennifer Stone on (02) 644 9066
(Mon. to Fri., 9.00 a.m. - 4.30 p.m.)

Early Parenting Programme conducted out of the Wiley Park Centre

The programme offers individual and group work for families during pregnancy and until the baby is twelve months old. There is a group focussed specifically on adolescent mothers and 80% of the work is prevention although some work is done where abuse has occurred.

For more information contact:
Judith Edwards on (02) 750 8932.

Lichtenberg and Lewis Study Groups

These study groups, introduced in our previous newsletter, are still open and start later in September. If you wish to join one or both of these groups please ring Beth Kotze on (02) 399 2966.

Group Membership

Inquiries have been received about group membership of AAIMHI. There is no provision for this at present and individual membership is required. Most organisations are subsidising at least one member of their team and in return for that subsidy the person provides their organisation with access to the information about our activities.

The discount for the Infant Mental Health Journal and reduced fees for seminars, books or tapes and whatever other arrangements we are able to make specifically for members will apply to that person and is not transferable. However, most teams seem to be finding this workable.

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PUBLICATIONS SUB-COMMITTEE

Editor – Renate Barth
Dip.Ed., Dip.Psych. (West Germany), M.A.Ps.S.

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Please send letters to the Editor, newsletters, announcements, short articles etc. to:

The Editor, AAIMHI
PO Box 39
Double Bay NSW 2028
Australia

Telephone contact: Renate Barth (02) 339 4440