



# IMHAANZ

INFANT MENTAL HEALTH ASSOCIATION AOTEAROA NEW ZEALAND



## PRESIDENT'S WELCOME

Dear IMHAANZ members,

Welcome to our latest IMHAANZ newsletter.

It was great to see many of you at our IMHAANZ Conference in Wellington. Thanks to all those who made this such a landmark event: to the IMHAANZ Executive for their hard work organising the conference (including recent past Executive members Jenny Yule and Norah Fryer); for many of you who attended; and the Wellington regional group members who were there to help out during the conference. The conference was a success all round.

Since the February conference, the IMHAANZ Executive have been working on some local projects that include among others: beginning a regular system of newsletters to increase communication between members; developing a media voice; preparing to launch IMHAANZ research scholarships; and developing a system to grow and support our members at a regional level. Information about some of these endeavours are included in this newsletter.

In addition, as IMHAANZ is part of WAIMH, we are fortunate to benefit from the development of resources at an international level. For example, our newsletter includes a link to the WAIMH publication, The Signal. The Signal is now a free online publication accessed via the WAIMH website. This is a wonderful practitioner oriented publication that is always on the look-out for contributions from practitioners from any of the affiliates, including us in New Zealand, willing to share something of our work in print.

Finally, our next Executive meeting is 28 October in Wellington. We welcome any agenda items from the membership. If you do have an agenda item, please send this through to Lauren Porter (IMHAANZ Secretary - email: [laurenporter@gmail.com](mailto:laurenporter@gmail.com)) before 20 October.

Wishing you all the very best, and warm regards,

**Maree Foley**

IMHAANZ President

WAIMH Affiliate Representative

**W**elcome to the first IMHAANZ newsletter for 2012.

This newsletter is brought to you by the IMHAANZ Executive as a way of sharing the latest news and information from IMHAANZ members around the country.

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## WAIMH 2012 CONGRESS

### *Babies in Mind ~ the Minds of Babies*

A summary by Maree Foley,  
IMHAANZ President:

The WAIMH congress was held in Cape Town, South Africa in April. The theme of the Congress was: *Babies in Mind - the Minds of Babies*. This theme aimed to encapsulate the many dimensions of infant mental health, including "the importance of keeping the baby in mind at all levels as a moral and ethical imperative: for parents, the community and for policy makers in every part of the world" (WAIMH 2012).

The conference was held over 5 days with workshops, seminars, poster-sessions running each day from 8 am till 7 pm. In addition, each day a plenary session was held. The depth and breadth of content, make trying to capture something of the congress a challenge. To view some conference reports you can access on line the WAIMH publication, *The Signal*. As of April 2012, this publication, pitched towards the practice needs of practitioners, is now an open access publication, irrespective of whether you are a WAIMH member or not. Access *The Signal* by clicking on the following link:

[www.waimh.org/i4a/pages/index.cfm?pageid=3293](http://www.waimh.org/i4a/pages/index.cfm?pageid=3293)

**A taste of what was on offer at the congress (in the form of abstracts from the plenary sessions) :**

The first plenary lecture was given by **Professor Mark Tomlinson** (Stellenbosch University, South Africa). **One hundred fifty-five million infants and children in search of an evidence base: Thoughts towards an African research agenda.**

More than seven and a half million children under the age of five died in 2010 (nearly 21,000 children every day). Most of these deaths were from preventable diseases, and almost all occurred in sub-Saharan Africa and South Asia. As shocking as these figures are, they are a substantial improvement on the 9.7 million children under 5 who died in 2006. A substantial body of research is emerging charting the extent to which health is associated with inequity - the social determinants of

health. The UNICEF index of child well-being in rich countries is related to inequality, with the USA and UK (highest level of inequality) faring worst, while Sweden and Finland with the lowest levels of inequality fare best. The link between inequality and poor health is repeated across domains such as life expectancy, teenage pregnancy and numbers of mentally ill. Perhaps this is



not surprising in the light of recent figures that show that six members of the Walton family in the USA (children of the founder of WalMart) are as wealthy as the bottom 30% of the US population, while the wealthiest 400 Americans are as wealthy as the bottom 50% of Americans. Very similar figures pertain in South Africa, and other low and middle income countries such as Brazil and Colombia.

In this plenary, I will argue that in a world of such extremes, developing a robust evidence base is central to ensuring a more equitable world, respectful of the rights of infants and children, and where infants and children do not die or fail to achieve their developmental potential due to an accident of geography. In order to do this I will outline current research in the area of maternal depression and child growth in low and middle income countries and show that while we have made significant progress, we are still some way from understanding the mechanisms involved in how maternal depression affects infant growth. In addition, I will present evidence from a number of recent intervention studies

to show how we are beginning to develop models of early intervention and community based programming that have the potential to become scaled up more widely across low and middle income countries and in so doing improve infant and child outcome.

The second plenary was given by **Prof Arnold Sameroff** (University of Michigan, USA): **Creating futures: The secrets of human development**

Infant mental health is a precursor of later healthy development, but it is only one contributor to a series of developmental achievements that are strongly influenced by social circumstance. A theory and supporting data will be presented for explaining the success or failure of children as they traverse the life course. Developmental science is in the midst of a theoretical and empirical consolidation that will be the launching pad for major advances in the study of young children. Models of personal change, context, regulation, and representation will be integrated in a comprehensive view of the determinants of life success.

The third plenary lecture was presented by **L. Richter** from the Human Resources Research Council, South Africa.

**Too much, too soon: Toxic stress in early childhood**

Toxic stress is strong, frequent or prolonged activation of the body's stress response system in the absence of ameliorating factors. Toxic stress is harmful to foetal and infant development because it sets in motion physiological and psychological adaptations that attempt to maximise short-term survival, but with longer term costs. These adaptations may lead to permanent alterations in structure and metabolism, including in the brain that, in concert with particular behavioral and environmental conditions, can result in debilitating personal problems, social maladjustment and disease across the lifespan, with traces into the next generation. In resource poor settings, toxic stress may be triggered by scarcity, traumatic shock, disease, and unstable

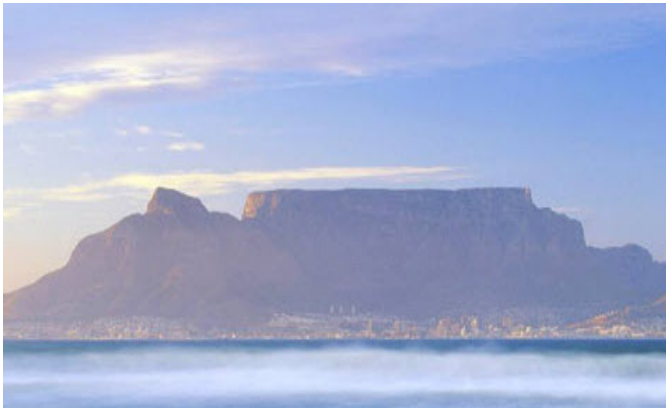
*Cape Town, South Africa*

Cape Town International Convention Centre

17 - 21 April 2012



WORLD ASSOCIATION FOR  
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and unpredictable conditions. While it is well accepted that both genes and environment determine physical and psychological development, the extent to which early exposures and experiences affect phenotypic expression with potentially lifelong consequences have only recently become evident. In this paper I will outline some of the recent science and theory in this field, and explore its implications for policy to promote early child development.

The fourth plenary was presented by **Dr Neil Boris** (Tulane University, United States).

#### **What is security priming and why should we care?**

In this plenary, Dr. Boris will focus on how recent findings from the study of the biobehavioral attachment system might inform practice. A variety of perspectives on how attachment is “programed” into our species will lead to an exploration of a recent focus in attachment research on representations. The concept of security priming and its utility for engaging caregivers in intervention will be explored. For infant mental health clinicians, finding ways to tap into caregiver representations and to shape these representations allows for connection through creativity.

Finally, **Dr Astrid Berg** (University of Cape Town, South Africa) presented her work alongside local practitioners in the Townships.

#### **When a little means a lot: Infant-parent psychotherapy in South Africa**

The beginnings of Infant Mental Health coincide with the birth of the ‘new’ South Africa. Research and clinical services in this field have developed since 1995. Because of economic constraints and the challenges which are inherent in the country’s cultural and language diversity, innovative ways have had to be found in order to reach parents and infants in our communities. This pioneering work could be of interest to infant mental health workers in other parts of the world.

#### **WAIMH symposium: Natural and technological disasters: Infant mental health matters.**

Our New Zealand affiliate was represented in this symposium which reflected WAIMH’s commitment to furthering understanding of the needs of families with infants at times of natural and technological disaster. This symposium explored the possibilities and challenges involved in translating infant mental health (IMH) theory and practice knowledge, as part of a response to families with infants at times of natural and technological disaster.

The symposium included a collective of presentations, each of which represented a unique but related perspective to

listening and responding to the voice of infants with their families during times of natural and technological disaster. Particular attention was paid to the developmental needs of babies and young children in relationship with their parents and carers at these times.

**Dr Pälvi Kaukonen** and **Prof Kaija Puura** represented WAIMH as an organization and talked about a) current disaster response initiatives within WAIMH, and b) ideas for disaster response initiative development. This presentation was followed by **Professor Nese Erol** who presented experiences from the WAIMH affiliate in Turkey regarding recent response efforts in Turkey to an earthquake in 2011 and in 1999. Prof. Erol also included a focus on “the individual needs of pregnant women exposed to disasters”; alongside an “inter-disciplinary effort to work together with all allied professionals as a way to make the needs of infants, toddlers with their families visible”.

Next, **Associate Professor Hisako Watanabe** presented on experiences in the aftermath of the Great North Japan Disaster and nuclear plant accident in Fukushima where the lives of infants and families in northern Japan drastically changed following the Great East Japan Earthquake in March 2011. She talked about how the infants and young children in Fukushima “now endure additional devastation caused by the nuclear plan disaster, which has brought multiple hardships such as daily fear of radiation, deprivation of age-appropriate outdoor play and exposure to massive demoralization living in radiation contaminated area”.

Following this, I presented on behalf of **IMHAANZ**, a part of the IMHAANZ response to the 2011 earthquake in Christchurch (and the ongoing earthquakes). This presentation described an initiative that included writing narrative based letters to parents with infants addressing current day-to-day realities and trauma related experiences – such as lack of sleep. One of these letters (of which many of you will have seen and that have been on our website), was read at the symposium. There was much interest in these being translated and made available to WAIMH generally. Finally, **Associate Professor Campbell Paul and colleagues** reflected on the experiences within Australia regarding the recent floods and bush fires and their impact upon families.

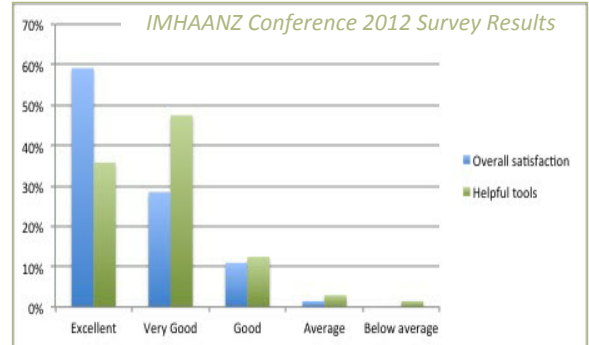
Other New Zealanders who presented papers at the Congress included: **Lynn Doherty** (Ohomairangi Trust, Auckland) as part of an international team who presented their work on the Mellow Parenting Programme across pregnancy, infancy and across cultures. **Luai Leuga** from Naku Enei Tamariki [NET] Pacific, Lower Hutt, presented the work of the NET Pacific Team regarding a Pacific early intervention programme. I also presented a paper on some emerging findings from my doctoral research being conducted through Victoria University of Wellington, which applies theories of infant mental health to furthering understanding of workplace relationships. It was awesome to have New Zealand/Aotearoa represented at an international IMH congress.

Finally, a summary of news from the WAIMH Affiliates Council meeting (the council that represents each of the 50 plus Affiliates) has been written by Dr Martin St Andre and myself and published in the recent *Signal*. As noted above, this is available free on-line.



# IMHAANZ 2012 CONFERENCE REPORT

More than 250 delegates attended our IMHAANZ Conference at Te Papa, Wellington in February this year. Titled *Infant Mental Health: Tools for Professionals*, the aim of the conference was to both gain skills and celebrate the work already being done nationally with infants and their families.



The delegates were from a range of disciplines, highlighting the fact that interest and expertise in infant mental health exists across many sectors in New Zealand.

Three days, three streams per day, we had a huge amount on offer and often it was a very hard decision to make about which workshops/clinical papers to attend. Our invited speakers blew us away with the depth of their knowledge and experience and the clinical paper presentations were very rich, leaving many people feeling exhausted but exhilarated at the end of each day!

Over 80% of our survey respondents rated the conference as 'very good' or 'excellent' in terms of satisfaction, enjoyment and providing helpful tools for their practice. We have collected your ideas and visions for future events – as well as the future of IMHAANZ – and are incorporating them into our goals.

Perhaps the highlight of the 3 days was our keynote speakers. It's sometimes difficult to forge continuity and meaning across a multi-day event, but Deborah Weatherston, Beulah Warren, Lynaire Doherty, Aroha Gray and Kararaina Penehira held us metaphorically and thematically, and carried us on a comprehensive professional journey. We are indebted to their wisdom and to the amazing contributions of all our dynamic presenters and guests.

One of the most exciting things about the conference was the gathering of such a large group of professionals who are committed to improving the mental health of our infants, toddlers and families. If ever we felt isolated in our commitment to infant mental health, this event provided an antidote. The room was abuzz at break times with colleagues greeting old and new friends. The conference led to the creation of new regional groups for IMHAANZ (see Update from Regional Support Coordinator) meaning that members can remain connected locally.

It was such a privilege to have three whole days dedicated to learning and thinking about where we can go next in infant mental health in New Zealand.

**Conference resources are available to members on the IMHAANZ website.**

## CONFERENCE KEYNOTE SPEAKERS

### Day 1 Dr Deborah Weatherston - Detroit, USA

Deborah held a large group of over 200 delegates captured by her delivery style and her message. Deborah wanted to stress the importance of the capacity to nurture a baby with a "mothering influence". She spoke of the four central principles in Infant Mental Health: Look, Listen, Wonder and Respond. These skills are essential to the parent's capacity to nurture their baby, and underpin the core components of our clinical work with babies and their caregivers. In her delivery of the material these principles were acutely apparent in her own reflective capacity. Deborah expanded on clinical tools for Reflective Practise: Observing, listening, wondering, and responding. Together these skills allow us to enter a relationship and practice reflectively with our clients. They allow us to think deeply about the work and its meaning to us.

"Listening, where we are fully present, allows us to be mindful of the other... By listening carefully we create a space where we can make the compassionate connections, at heart a sense of security" Dr Deborah Weatherston (2012 IMHAANZ Conference).

### Day 2 Lynaire Doherty, Aroha Gray, and Kararaina Penehira - Ohomairangi Trust, Auckland The Principles of Kaupapa Māori and Ori

These three women generously shared their Kaupapa and taonga. They are women of vision and hold an enormous amount of respect in the Infant Mental Health sector of Aotearoa. The Principles of Kaupapa Māori and how clinicians may be mindful to integrate these philosophies and principles into practice: Tino rangatiratanga – the principle of self-determination. Clients are ideally self-referred, they feel heard, listened to and understood.

Taonga tuku iho – nurturing and respecting the treasures of Māori and historic strengths in raising our tamariki. Ako – the culturally preferred pedagogy for Māori is oral and aural. Kia piki ake I nga raruraru o te kainga – the recognition of the socio-economic issues and anomalies for Māori. The provision of practical supports that recognise issues of poverty. The interface may benefit mediation. Whanau – principles of extended family and shared group work are precious Kaupapa – collective philosophy and the value of reciprocal learning between and within us. We were also alerted to the complexity of principles of Mauri. As precursors to wellbeing these cannot be understated. It is important as tangata whenua and pakeha that we strive to be inclusive of these principles in our practice, and not to underestimate their complexity. Through these three women we were also asked to consider that from the first moments a baby is traditionally



raised by multiple caregivers. This is not a dyadic paradigm. Amster Reedy was referenced in his work about historic parenting beliefs having no reference to physical punishment, children were not humiliated and seldom chastised, rather there was a highly protective and permissive style of infant and child care. Whanau were fully involved and whakapapa was highly evident.

### Day 3 Beulah Warren - New South Wales, Australia

Beulah had a wonderful, gentle and mindful style of delivery. She role modelled the structures that she gave value to, and while 'holding' the audience gave background information to Infant Mental Health with a focus on working with families to provide the best for their baby.

Beulah introduced her topic with acknowledgement to two pioneers of Infant Mental Health - D W Winnicott and Selma Fraiberg.

Using this framework she then introduced the Stern-Bruscheiler & Stern Model (1989) of working with relationships between family members. She highlighted that a powerful agent for change can be achieved by a clinician working within the family. This relationship must reflect the importance of the establishment of an alliance with the parent, that we be predictable and consistent in our

professional selves, and have the capacity to be truly present and available to the mother and her infant. This is what Beulah stressed must underpin our work with infants. The capacity to "truly listen" to our clients was noted.

"...she was a baby once and she has in her the memories of being a baby; she also has memories of being cared for and these memories either help or hinder her in her own experience as a mother" Winnicott (1987).

### Day 3 Dr Stella Acquarone - London, UK

Dr Acquarone's presentation was rich and captivating with inspiring video footage of psychoanalytic interventions with infants.

Dr Acquarone is the Director of The Parent Infant Centre: Clinic and Trainings and its branches in the USA, Poland and Spain. She is a practising adult and child psychotherapist. Dr Acquarone has written extensively on parent infant psychotherapy and also on the early detection and treatment of autistic spectrum disorders. She is the author of 'Infant Parent Psychotherapy: A Handbook for Professionals' (2004) and 'Helping the Helpers: Containing Anxieties of Professionals working with Under-Fives' (2010). She is the editor of 'Signs of Autism in Infants: Recognition and Early Intervention' (2007).

Dr Acquarone provided us with tools for how to recognise relationship disturbances in infants and their parents. She spoke of the importance of infant observation, as both a process of learning how to see infants more clearly and as a discipline in terms of growing our own capacity to wait. Dr Acquarone described what to look for when observing infants from birth (gaze,; signs of calling, satisfaction, regulation, passion; attachment; posture; internal working models and emotional development). She spoke of the importance of the therapist having personal support and supervision and how psychoanalytic concepts can enable us to 'receive, relate, transform and provide understanding' for infants and their families.

Dr Acquarone walked us through how to recognise early signs of relationship disturbances between infants and their caregivers and shared with us the observation scale that she has developed. She described different kinds of parent infant psychotherapy with clinical vignettes and video examples. Dr Acquarone presented her infant family intensive programme which works intensively with infants identified as having difficulties relating to others (pre-autistic infants). Dr Acquarone left delegates feeling moved and impressed by the breadth and depth of her work.

## UPDATE FROM THE REGIONAL SUPPORT COORDINATOR

The February conference has been great for creating energy and expansion on the regional group front. IMHAANZ's regional groups are where members and non-members alike get to share their passion for, experience and expertise in infant mental health. There are four existing groups: Auckland, Hawke's Bay, Wellington and (read their updates in this newsletter) and several other groups in various stages of formation. Many thanks go to all the coordinators who make these groups possible.

To get a regional group up and running takes one or two committed members, a little bit of time and enough local interest in various aspects of infant mental health (prevention, promotion, intervention) to make regular meetings possible. People from a variety of workplaces attend these meetings: ECE professionals, clinicians, health workers, Plunket staff, social workers, researchers - anyone who values the importance of infant mental health. There is no particular formula to group

meetings although the existing groups run along similar lines: there is time for networking, sharing of ideas, interventions and resources, as well as external professional development opportunities. Some groups have 'mapped' the local service delivery of infant mental health initiatives providing a wealth of information about who to talk to or where to go for particular issues.

IMHAANZ is committed to ensuring the regional group structure grows and thrives and will be investing in those groups which need extra resources. This is particularly important for groups which exist outside of the main cities and might not have easy access to infant mental health expertise. If you are interested in attending, supporting or starting a regional group in your area, please contact your local group (via the Contact Us | Regional Groups tab on the website) or the Regional Support Coordinator, Judy Hunter (Contact Us | Executive tab).



## AUCKLAND

Auckland IMHAANZ has been meeting for several years and has grown steadily, but membership was much boosted following IMHAANZ's February conference. It's great to have so many new organisations getting involved and interested in joining together and I would love to have feedback from anyone about how IMHAANZ could provide more or better support for them or their services.

We had a bumper March meeting, with six locally available parenting programs being presented and discussed in some depth. It was overly ambitious to fit all this into a meeting, and despite being a three hour session, we still ran out of time to give each the credit they deserved. Several people raised other services that are available in addition to those discussed. We are very lucky in Auckland that there is so much local expertise and that services have the luxury of choosing between different approaches in supporting parenting and families.

In May again we had a local expert, A/Prof Susan St John from the Child Poverty Action Group (CPAG). She spoke about the current topical issue of NZ children living in poverty and the work of CPAG in advocating for child-centric welfare policy, rather than the current and increasing focus of working for a benefit. Charities such as the Methodist mission are striving to address poverty charitably (and have great info on their website) and CPAG is fighting for welfare reform and protection of child rights. I strongly urge you to have a look at their website also [www.cpag.org.nz](http://www.cpag.org.nz)

The meeting in August had a focus on Foetal Alcohol Spectrum Disorder - please have a look at the info on the website - lots of new development and local initiatives in this area.

The last meeting of the year is Thursday 1 November. All our Auckland meetings are held at the University of Auckland Tamaki Campus facilities. I am very grateful to the Werry Centre, especially Tania Wilson and Noeleen Tuck, for their support and facilitation of these meetings.

Please don't hesitate to be in touch if you would like to give a presentation at a meeting or to find out more about the Auckland interest group. You can contact Tanya Wright, the Auckland group coordinator via the IMHAANZ website (Contact Us | Regional Groups).

## WELLINGTON

The Wellington group usually meets on Thursday lunchtime every 2 months at CAMHS, 21 Hania St, Mt Victoria. Our first meeting for the year was taken up with pre conference task allocation. At our March meeting Luai Leunga, Manager of Naku Enei Tamariki (NET) Pacific section, shared with us a synopsis of the research paper on Pacific Early Intervention she was going to present at the WAIMH Conference in South Africa in April. Maree Foley provided us with some stunning feedback from that same conference at our May meeting. In July we had a lively & informative session on Circle of Security Parenting lead by two of our number who have facilitated this and another who has been a parent participant.

Our next meeting will be on a Wednesday in September at ICAF in Lower Hutt - topic and date yet to be decided. You can contact Lesley McSharry, the Wellington group coordinator via the website (or email: [lesley@net-inc.org.nz](mailto:lesley@net-inc.org.nz))

## CHRISTCHURCH

We have a large email circulation list, with many people having expressed an interest in IMH and wanting this link, but they are not able to attend regular meetings and many are not currently members of IMHAANZ. We are encouraging non-members to join IMHAANZ and/or WAIMH and included the website links for these in the recent minutes sent out. We have had three meetings so far this year. Our most recent meeting on 21 June was attended by eleven people. After further discussion we agreed to hold monthly meetings from now on - so that it is easy to keep track of dates

and therefore easier for people to join when they are able. We will organise a plan of topics for these meetings to be led by different members. This may include Presentations, Discussion Topics, Journal Articles, watching DVDs, feedback on training events etc. We have also agreed to work on an ongoing project - gathering information about services for families with children 0-5 years in Christchurch. Purapura Whetu Trust, have kindly offered the use of their rooms in Central Christchurch, which are more accessible from around the city than some other venues. And as Karaitiana (service manager) pointed out - we no

## HAWKE'S BAY

The Hawke's Bay regional IMHAANZ group has been up and running for just over a year and a half now with good numbers attending each meeting. Until recently meetings were quarterly but are now bi-monthly giving attendees the opportunity for more regular contact, sharing and networking.

A 'clinical interest group' for those working in infant mental health has also been set up and meets monthly at Hawke's Bay Hospital for more case-based discussion.

After a fairly comprehensive 'service mapping' exercise as the group got established, meetings since then have seen presentations by local clinicians or workers on a variety of topics. These have included Te Mahere Kaupapa Māori (the Māori overlay involved in Parents As First Teachers work), the Neonatal Behavioural Assessment Scale, and the Greenspan Floortime Model - providing attendees with useful information about the work others are doing in the region. There has also been information sharing and discussion about local PD opportunities, the IMHAANZ conference in February and reports relevant to infant mental health.

The May meeting had a different focus but received great feedback. As it had been some time since the initial 'service mapping' exercise - and there were many new faces in the group - people shared where they worked and what they did. This was really useful for those new to the area, those working in more isolated positions or those wanting information about where to refer/who to talk to about certain issues. In addition, an interesting discussion about child protection was generated with some useful recommendations emerging as a result.

In July the meeting topic was Fetal Alcohol Spectrum Disorders. As with all meeting topics, this was something people decided they would like to hear more about. We are lucky to have the local expertise to continue hearing about different areas relating to infant mental health.

The next meeting is on Tuesday 20 September 12-2pm. If you are interested in finding out more about our group or attending the next meeting, please contact the co-ordinator, Judy Hunter, via the website.

longer have rush hour traffic in central Christchurch, and have plenty of parking space. Mothers and Babies Service is an alternative venue and we will explore other options.

Contact the Co-ordinator: Fiona Will via the website (or email [fiona.will@cdhb.health.nz](mailto:fiona.will@cdhb.health.nz)).

Meetings are monthly on the first Thursday of the month at 5pm, with Purapura Whetu Trust as the venue currently: Level 1, 166 St Asaph Street. Venue and topic focus will be confirmed each month.

## OTAGO-SOUTHLAND

Mary Ferguson is asking for expressions of interest from people interested in forming an Otago-Southland group (suggested catchment is Timaru south). You can contact Mary via the IMHAANZ website (or at [maryferguson3@gmail.com](mailto:maryferguson3@gmail.com))



## RESEARCH NEWS



We are delighted to announce that we will soon be offering scholarships to help fund research in the field of Infant Mental Health. IMHAANZ supports and encourages research that aims to help improve the mental health needs of infants, toddlers and their families in Aotearoa New Zealand. We hope that these grants will inspire our members to think about researching all your burning questions! Contact our Research Co-ordinator Lucie Zwimpfer for further details: [lucie.zwimpfer@xtra.co.nz](mailto:lucie.zwimpfer@xtra.co.nz)

### JOIN OUR RESEARCH NETWORK

Launched last year, the IMHAANZ Research Network is an online database of people doing research with infants in New Zealand. Given the multidisciplinary nature of the field of Infant Mental Health we are interested in all research topics to do with infants and/or their families. Members of the network have access to a private google spreadsheet which details the work of other members.

It is hoped that as the research network grows, we will have more communication with each other as a group to discuss research issues, offer support etc. For now, it is a place to get an overview of what is currently happening nationally research-wise for infants, toddlers and their families.

This is an evolving project, so feedback is welcomed at any time for ways to make the most of the network. Contact the Research Co-ordinator, Lucie Zwimpfer: [lucie.zwimpfer@xtra.co.nz](mailto:lucie.zwimpfer@xtra.co.nz)

### IMHAANZ WEBSITE

Visit [www.imhaanz.org.nz](http://www.imhaanz.org.nz) and find out about the purpose of the Infant Mental Health Association of Aotearoa New Zealand, news and events related to infant mental health and contact information for the IMHAANZ Executive and the Regional Group Coordinators.

### MEMBERSHIP

IMHAANZ membership is open to practitioners and policy makers working with infants and their families.

An annual membership with IMHAANZ will keep you informed of relevant infant mental health information, training and research and the IMHAANZ Newsletter.

To become a member, join online: [www.imhaanz.org.nz/membership](http://www.imhaanz.org.nz/membership)

### IMHAANZ NATIONAL EXECUTIVE

**President:** Maree Foley  
**Vice President:** Denise Guy  
**Treasurer:** Lucie Zwimpfer  
**Secretary:** Lauren Porter  
**Membership:** Bianca Sava  
**Website:** Tanya Wright  
**Regional Support Coordinator:** Judy Hunter  
**Media:** Mary Ferguson  
**Research Coordinator:** Lucie Zwimpfer  
**Newsletter:** Jane Mountier  
You can contact any of the Executive via the website.

