

Background Results

- Advancements in neonatal medicine have resulted in reduced rates of neonatal mortality, allowing for greater attention to and interventions for promoting positive long-term outcomes for infants and parents alike.
- In addition to potential long-term medical complications in the infant, infant neurodevelopment and family psychosocial outcomes have become major areas for preventive interdisciplinary care.
- Due to issues with funding, staffing, space, and parent transportation and availability, there are often wide variations in access to critical services that promote optimal long-term outcomes including psychosocial and mental health services offered by social work, psychology, psychiatry, or peer mentors.

Participants:
 Freestanding children's hospitals: 51%
 Freestanding adult hospitals with maternity unit and NICU 33%
 Average of 66 NICU beds (range of 16-175)
 All NICU designated as Level 3 or 4, and one Level 1

Patient-to-Provider Ratio (Average):
 -Social worker: 1:28 (range of 11-50)
 -NICU Psychologist: 1:133 (range of 25-710)
 -16 programs have psychology trainees with some FTE
 -Only 2 of the 31 programs had access to a psychiatrist

Funding for Psychological Support:
 Insurance (50%)
 Hospital Coverage (37.5%)
 Endowment and/or Philanthropy (33%)
 Pediatrics (20.8%)
 Psychiatry (16.7%)
 Grants (.06%)
**39% of programs reported a combination of multiple funding sources*

Peer Mentor Support:
 38% have access to peer mentors
 Of those w/ peer mentors only 31% funded by hospital (others: volunteers or public programs)

Psychological Staff Support:
 Routine Staff Support - 24%
 Emergency/Critical Debriefing- 52%
 No Staff Support - 24%

Psychological Intervention:
 Individual psychotherapy (100%)
 Couples therapy (51%)
 Group therapy (29%)
 Other type of therapy (11%; mostly family therapy)

Bereavement Support for Parents:
 76% have some form of bereavement support

Barriers to Parent Mental Health Support:

Conclusions

- Findings from this study demonstrate the wide range of institutional support, available resources, and approaches to provision of psychological support for NICU parents and staff.
- Recommendations for mental health services and staffing should be taken into consideration when developing and expanding clinical services within the NICU.
- Funding for psychological services appears to come from several sources, suggesting a need to think creatively and tap into multiple avenues for financial support.
- In addition to available funding, it is important all NICU providers and administrators see the value in and actively support parent psychological services in the NICU.

Methods

- Institutions across the U.S. with dedicated developmental, rehabilitation, and mental health services were asked to complete a survey of NICU-based developmental, rehabilitation, and mental health services.
- 31 NICUs from all Uniformed Services participated in the study.
- Descriptive Statistics were examined to summarize the data and to provide an overview of the range of institutional approaches to psychological services.

