Perinatal Mental Health

Wellness for Mums

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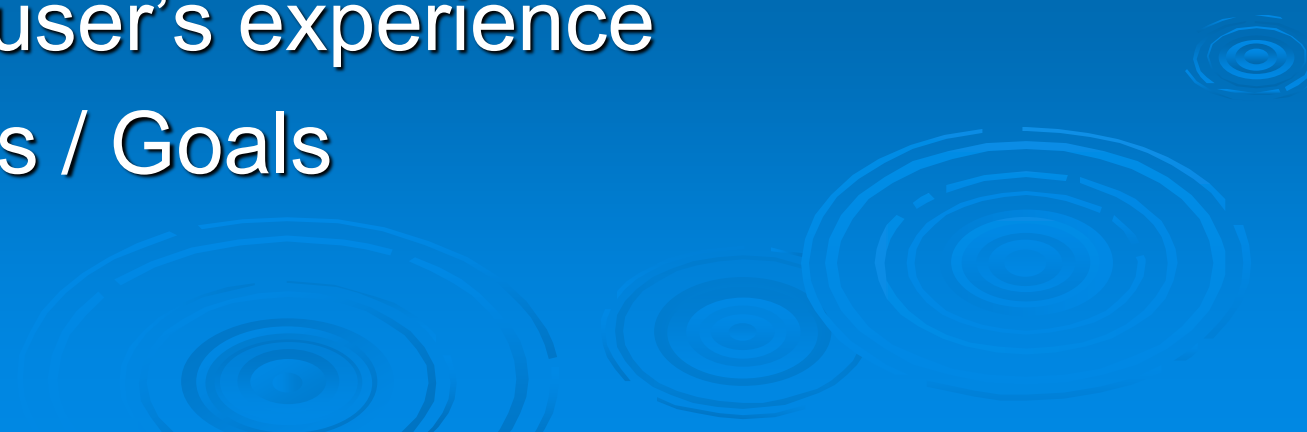stefanie.fobo@sjog.ie

Cluain Mhuire Community Adult Mental Health Service
CHO 6

SWAMH 13th April 2018

Overview

➢ Post Natal Depression – Why intervene?

➢ Our intervention

➢ Why group work?

➢ Evaluation of the programme

➢ A service user's experience

➢ Challenges / Goals

Full time: long days, seven days a week, you will need to organise and possibly pay a replacement if you require time off.

We are seeking a kind, considerate person for the challenging position of parent. Qualifications and experience are not necessary, although you will be fulfilling some or all of the tasks of the following trained people: chef, teacher, medical worker, social worker, psychologist, childcare worker, taxi driver, sales representative, manager, entertainer and nutritionist.

This is an honorary position and as a consequence there is no salary.

The beginning …

➢ Requests from Public Health Nurses looking for an intervention for women with PND

➢ Gap in service

➢ Attempts to set up a PND group by the social work department

Group programme

➢ Skills development programme within a supportive group environment

➢ CBT informed approach, recovery approach

➢ "Treating Postnatal Depression: A Psychological Approach for Health Care Practitioners" J. Milgrom, P. R. Martin, L. M. Negri

Need?

- 10-15% of women experience mild to moderate postnatal depression (100-150/1000)
- 3 % of women experience moderate to severe depressive illness (30/1000)
- Postpartum psychosis 2/1000
- Serious /complex disorders 2/1000
- Post-traumatic stress disorder 30/1000
- Adjustment disorders and distress 150-300/1000

Need?

- ➢ Increased risk of suicide with suicide being a significant cause of maternal death (Maternal Death Enquiry, 2012)

- ➢ Infants may also be at risk where subject of mother's psychotic symptoms (Oates & Cantwell, 2011)

Perinatal Mental Health...

Is associated with:

➢ Serious consequences for maternal mental health

➢ Relationship difficulties and impact on psychological health of the partner

➢ Adverse effects on the cognitive and social development of the infant (O'Keane, 2010)

Rationale for intervention

➢ Subjectively distressing experience for mother and baby.

➢ Depression interferes with behavioural and emotional interchanges necessary for successful mother/infant interaction. (J. Milgrom, P. R. Martin, L. M. Negri, 1999)

➢ Diminished quality of mother-infant interaction, less responsivity and sensitivity. (Stein, Gath, Bucher, Bond & Cooper, 1991)

➢ Impact on relationship between mother, child and family unit with later development of significant emotional and behavioural difficulties in the child.

National Mental Health Division, HSE (2017). *Specialist Perinatal Mental Health Services – Model of Care for Ireland.*

Groupwork

> *"…. a method of social work that aims, in an informed way, through purposeful group experiences, to help individuals and groups to meet individual and group need, and to influence and change personal, group, organisational and community problems"*

Lindsay, T., and Orton, S. (2008) *Groupwork Practice in Social Work.* Learning Matters: Exeter

Some advantages…

➢ Social support - Isolation

➢ Opportunity for comparison, unrealistic expectations

➢ Groups have the capacity to hold *'big feelings'*

➢ Listening to others sharing distorted beliefs can help challenge own beliefs

➢ Good use of time. Cost effective.

Some advantages…

➢ Groups offer learning opportunities such as trying out new behaviours, learning through discovery

➢ Opportunity for feedback and reflection – other peoples reaction to us help us develop sense of ourselves

➢ Personal satisfaction

Challenges… Considerations

- Do I have the experience/ skills
- Being outnumbered
- Preparation, time, resources
- People may be uncomfortable in group – ? impact on referrals and uptake
- Confidentiality ?guaranteed
- Not suitable to all clients
- Unpredictable nature
- Continual amendment

Challenges… Considerations

- Isolated within the group – sense of not belonging
- Less attention than one-to-one
- Agency expectations and factors

Aim

- To support mothers to put their own mental health first

- Providing new coping skills to deal with daily stresses

- Encouraging positive thinking and increasing self-esteem

- Sharing experiences with other mothers

- Fostering greater self-awareness of feelings and experiences around mothering

- Boosting self-confidence in mothers and their role, improving mother-child relationships

- Address relationship and partner difficulties

- Facilitate use and development of social networks

Referral criteria

➢ **<u>Initially</u>** mothers who had a diagnosis of PND 1 year postnatal, service users, youngest child under 1 year old

➢ **<u>Now</u>**

→ Mothers who report low mood / PND or are at risk of depression

→ Cluain Mhuire service users and community referrals - *"Vision for Change"*

→ Youngest child under 5 years

Referral Numbers and Sources

9 groups between 2009 and 2017

Total group participants who completed programme to date: 54

Low attrition rate.

Referral Sources

➢ CHO 6 Cluain Mhuire AMHS: 40

➢ Community: 14

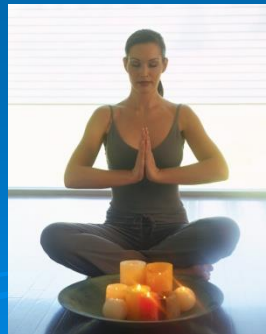(PHN, GP, PC psychology, self, Community Mothers Scheme)

Group Set Up

- Individual meeting with mum
- Max. 10 mothers
- 2 hours once weekly in the morning including a coffee / tea break
- 9 weeks & 1 booster session after a 4 week break
- Home work, mood diary
- Partner's session for support and education

Group session content

<u>Session 1 – 4</u>

● Focus on changing **behaviour**

Understanding and managing depression, pleasant activities, relaxation, assertiveness and self-esteem.

➤ Group Discussion

➤ • Pregnancy:
➤   - Experiences
➤   - Expectations

➤ • Birth:
➤   - Experiences
➤   - Expectations

➤ • Now:
➤   - Experiences
➤   - Expectations

The Transition to Motherhood

➢ ● Transition to motherhood involves adapting to physical, emotional and social changes and there is little support in our society for this.

   Therefore ...

➢ ● Most mothers experience difficulties adjusting to their new role and may feel overwhelmed by the demands.
   ● Myths about motherhood can create unrealistic expectations.

   Therefore ...

➢ ● Unrealistic expectations lead to feelings of failure when coping problems occur.

HOMEWORK

> *A 'love letter' to self containing things you like about yourself. Complete at home bring back to us and we will post it to you when the group is over.*

Group session content contd.

- Focus on changing **thinking**

Challenging unrealistic expectations of parenting and unhelpful thoughts, increasing positive and decreasing negative thinking, self-instruction techniques (constructive vs non-constructive self-talk), challenging the "internal critic".

Challenging unhelpful thoughts and unrealistic expectations of parenting

➢ <u>Examples</u>

➢ Situation: Baby has a colic and does
➢ not stop crying regardless of what I do.

◉ **Thoughts:** 'I'm no good at this. My mother would think I am hopeless. I do not know what to do. This is terrible.'

◉ **Feelings:** hopeless, helpless, depressed, angry, worthless, …

IS THIS THINKING HELPFUL??

➤ Is it based on facts?

➤ Does it allow us to parent more effectively or is it getting in the way?

➤ Is this thinking associated with feelings of worthlessness?

➤ **If so, it is probably <u>unhelpful or unrealistic</u>.**

➤ → How can we challenge this thought and convert it into something more realistic?

Group session content contd.

Booster Session

● consolidating of what was learnt, maintaining gains, social supports, goal setting, early warning signs of depression

Partner's Session (one evening session)

➤ Signs, symptoms and treatment of PND / low mood

➤ Effects on partners

➤ Strategies for support

➤ Impact on relationship

➤ Change and communication

Edinburgh Postnatal Depression Scale

… is a subjective scaling instrument that measures anxiety and low mood (10 questions)

- EPDS Maximum score: 30
- Possible Depression: 10 or greater
- Question 10: suicidal thoughts

EPDS Reduction Rates

➤ Data from 4 groups:

➤ Pre group score more than10 indicating that there was subjective experience of depression

➤ **Reduction rate between 11 and 4 points, one person 0** = average 7.2

➤ At post group screening all of the 6 women had a **reduction of suicidal ideation.**

Feedback

➤ "Being in the group & making new friends.", "The support from other mums."

➤ "The group setting with other mums helped me see that how I felt wasn't unique to me, that other mums had the same thoughts and feelings. This made me question – are my thoughts real – am I really such a bad mother? My confidence increased with challenging my thoughts and increasing pleasant activities and doing the home work assigned. It helped to know I wasn't the only mum struggling and opened my eyes to how I need more help and not accept how bad I was feeling."

➤ "I've been in touch with the girls on a daily basis since the last session and wonder why we waited so long! I know we needed much encouragement to exchange numbers but I'm so glad we did as we can be open."

Telephone Interview

- **Helpful?**
  - "Atmosphere of openness, common bond, relaxed and safe place."
  - "Learning to recognise the depressive spiral. I never thought before about the link between thoughts and behaviours."
  - "I miss it; the fact that it was so specific made it more useful to me, e.g. post-natal depression as opposed to general depression."
- **Unhelpful?**
  - "More education and not really therapy", "Could have been longer, even permanent", "Breaks are very important."

Telephone Interview

- **Most useful skills**
  - "Assertiveness has helped me adopt a calmer approach", "Thinking styles and relaxation", "Really useful to have the skills to change my mind set from negative to positive".
- **Suggestions for change**
  - "Child care to be provided", "Monthly follow up sessions", "More time", "Sessions longer", "Extend course"
- **Partners' Session**
  - "He found it helpful. He really enjoyed it. It took some pressure off me in explaining how I was feeling."
  - "I feel more able to open up to him about my feelings, which is great."

Challenges

➢ Low rate of referrals initially

➢ No child care facilities available on site

➢ Stigma

➢ Frequency

➢ Resources

➢ More appropriate for primary care?

➢ Risk Management

Goals/plans

- Ongoing promotion of the programme with relevant agencies
- Review opportunities for child care
- Joint initiative (Barnardos, CAMHS, family resource centres, TUSLA etc.)
- CHO wide
- Evaluations

Workshop questions

Is it relevant?

Where to start?

Challenges?

Risk?