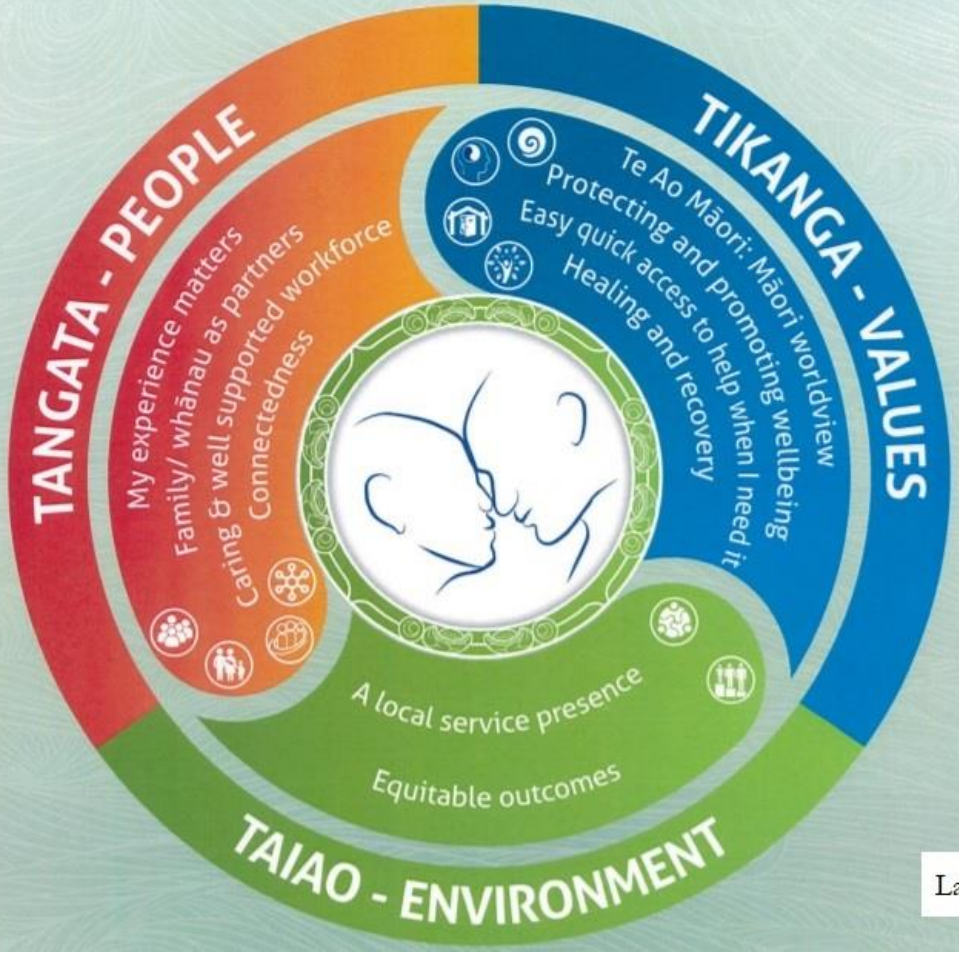
Perinatal Mental Health Across the Continuum - from Education to Intervention

Lakes DHB Perinatal Mental Health Services September 2020

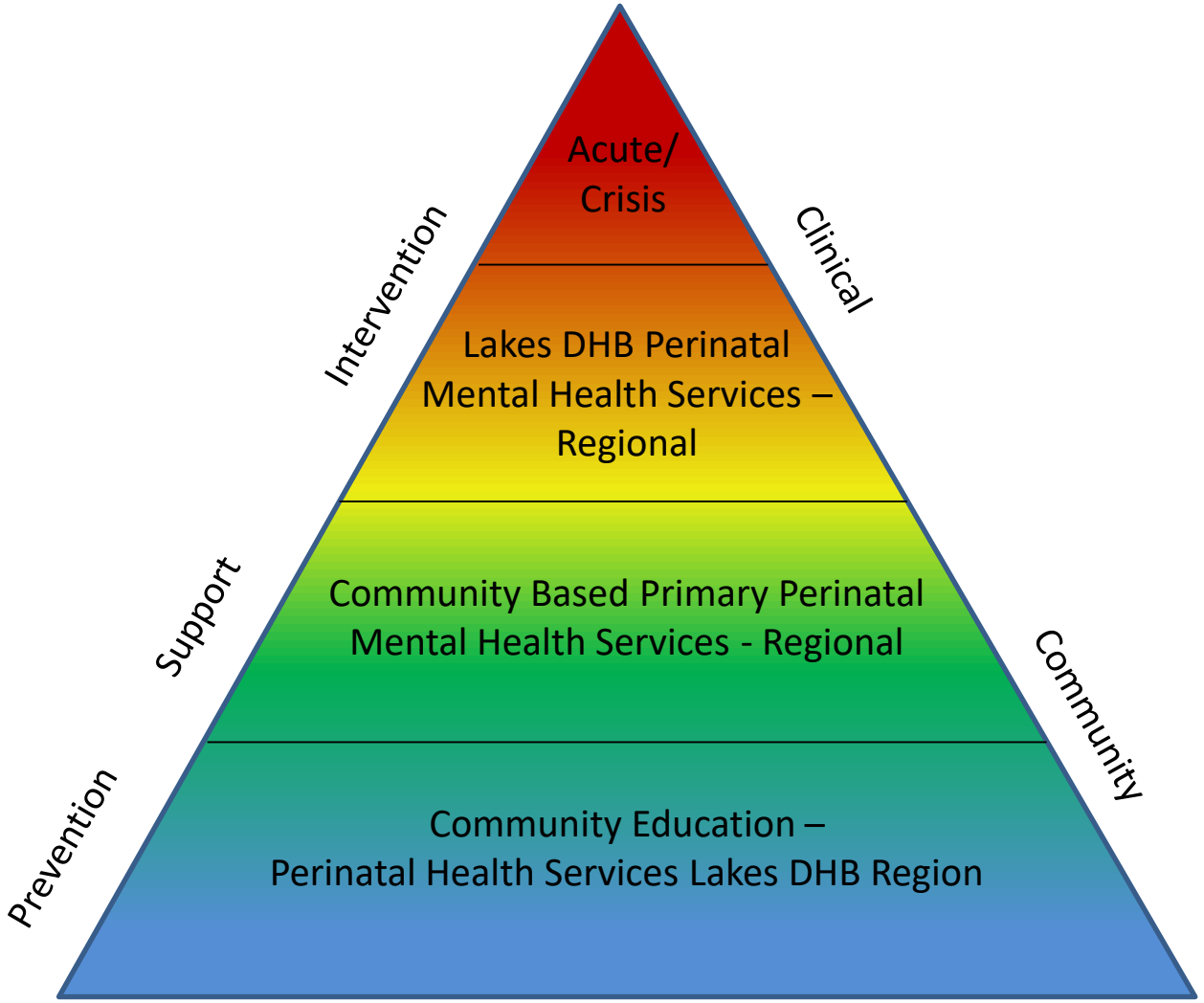
Te Ara Tauwhirotanga - *Pathways that lead us to act with kindness*

Model of Care for Mental Health and Addictions for Lakes DHB area



Lakes DHB September 2018

A Stepped Care Approach



Education – an Interactive Process

Universal – Let's talk about it

"Listening and learning about how Motherhood is glamourised make me realise that it wasn't just me finding this hard - it is hard, it's really hard, but learning to look after me while looking after my baby was what I needed to do … I now know that it's about filling my tank so I can fill my baby's, and what that really means. This has made all the difference to me, my baby and my family. Thank you for showing me this simple thing".

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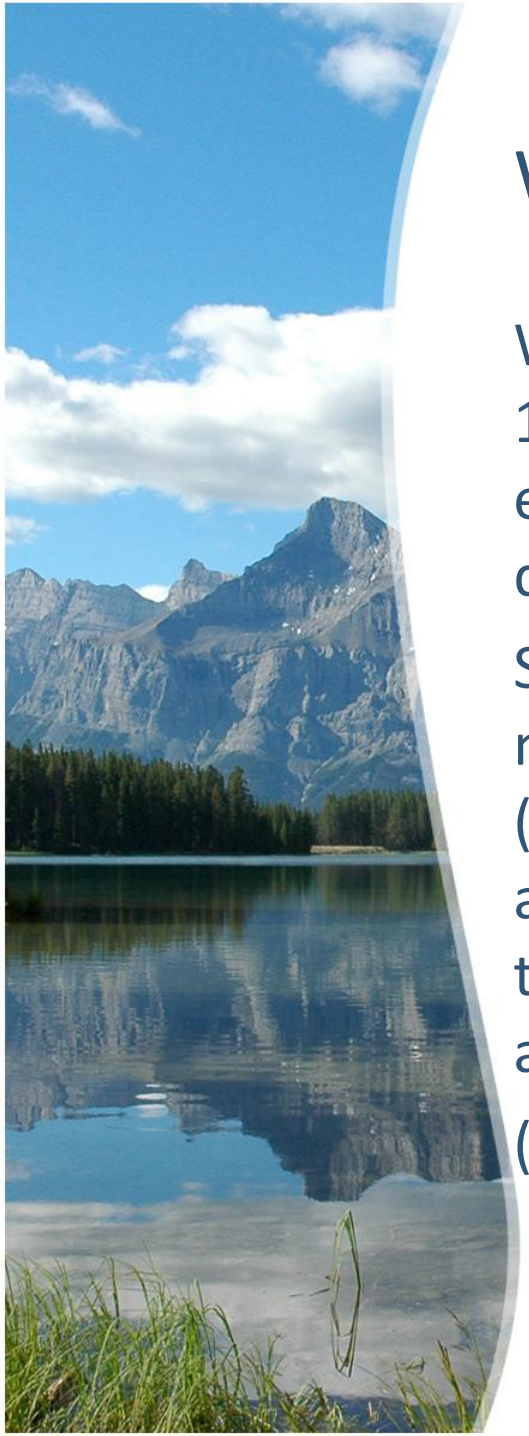


Why Perinatal Mental Health

Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. (WHO – 2020)

Suicide is also identified as the leading cause of maternal death not just in New Zealand at 24% (2006 – 2013) but also in Australia, Canada, USA and the UK. The NZ rate of suicide is 7X that of the UK and of that 2.4X more likely to be young and Maori.

(Beautrais, 2018)

A recent longitudinal study in New Zealand had results that showed prevalence of depression in antenatal women was 12% and postnatal of 8%.

(Strickett, Hohua & Kasiano 2018)

2019 – birth rate for Rotorua District was just over 1,000

This would equate to 120 referrals for antenatal women and 80 referrals post natal, total of 200 per year for depression alone.

The team had 130 referrals in 2019

Partners & Fathers

Partners/fathers can also be impacted by depression in the perinatal period in their own right. Adjustment to the new role, mixed messages, reality shock, juggling work and home life.

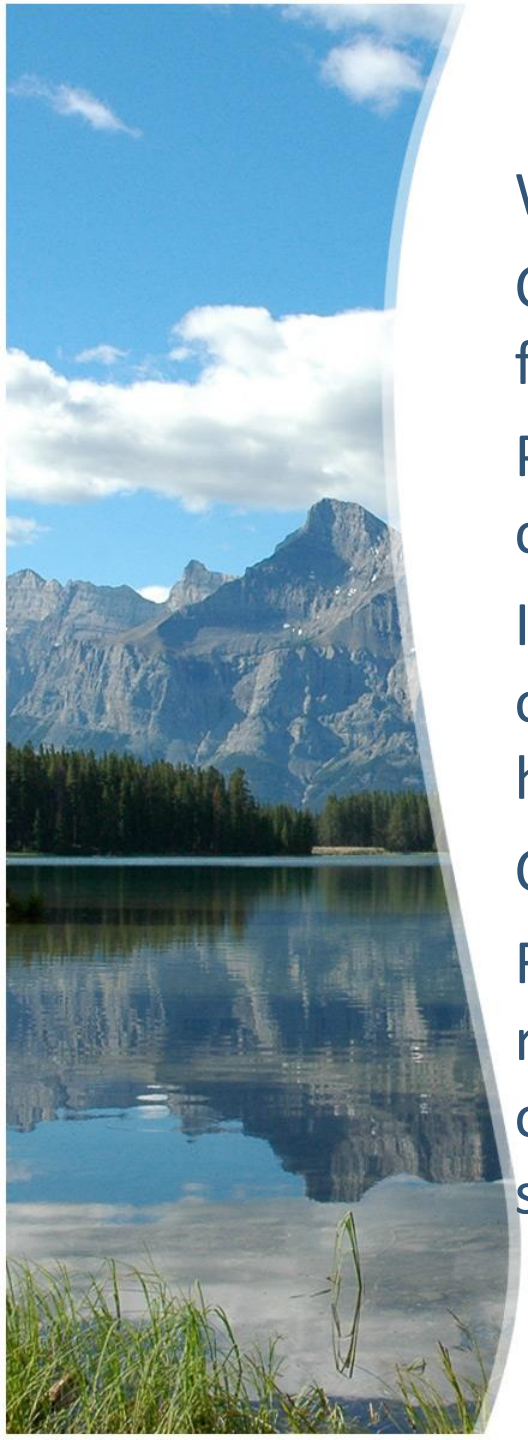
What helps:

Open questions “what is it like for you”

“Are you worried about baby/partner”

Talking with a trusted person – connection

First principles for treating depression



Warning signs of depression:

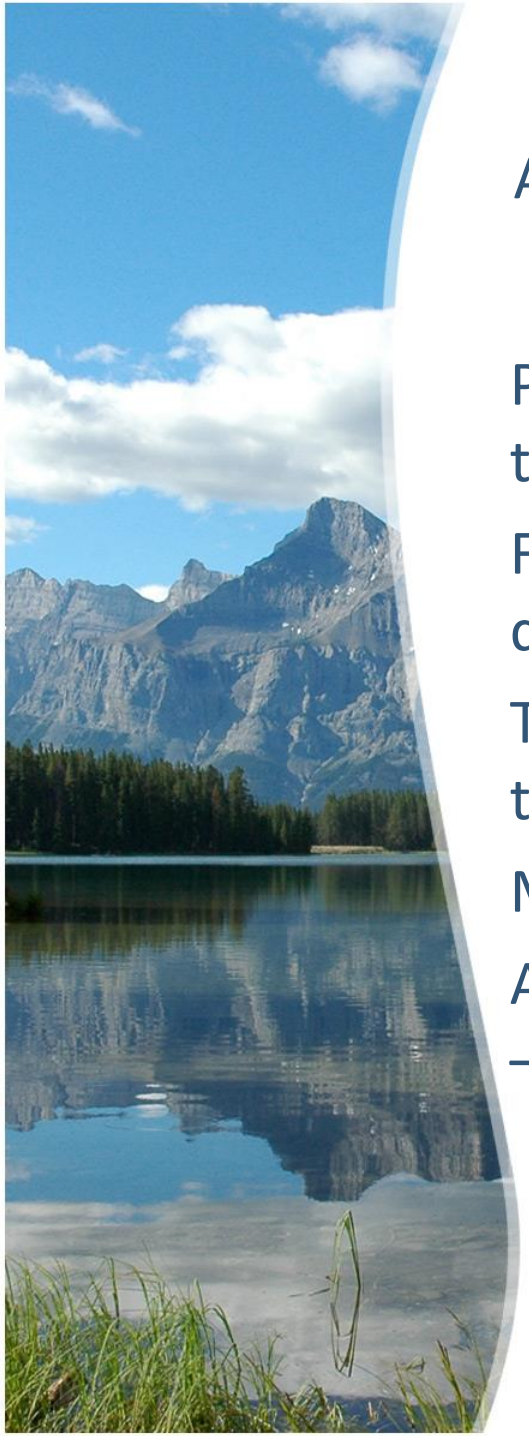
Constant tiredness!! – Can be difficult to separate from normal new baby experience.

Physical stress – headache, loss of interest, changes to appetite, disrupted sleep!

Irritability or “short fuse”, isolating self from others, fearful of baby, using substances to cope, having thoughts of self harm or suicide.

Consider:

Family history of depressive illness, difficulties in relationships, poor health, past history of trauma or abuse, poor support network & other social stressors.



Anxiety and Depression

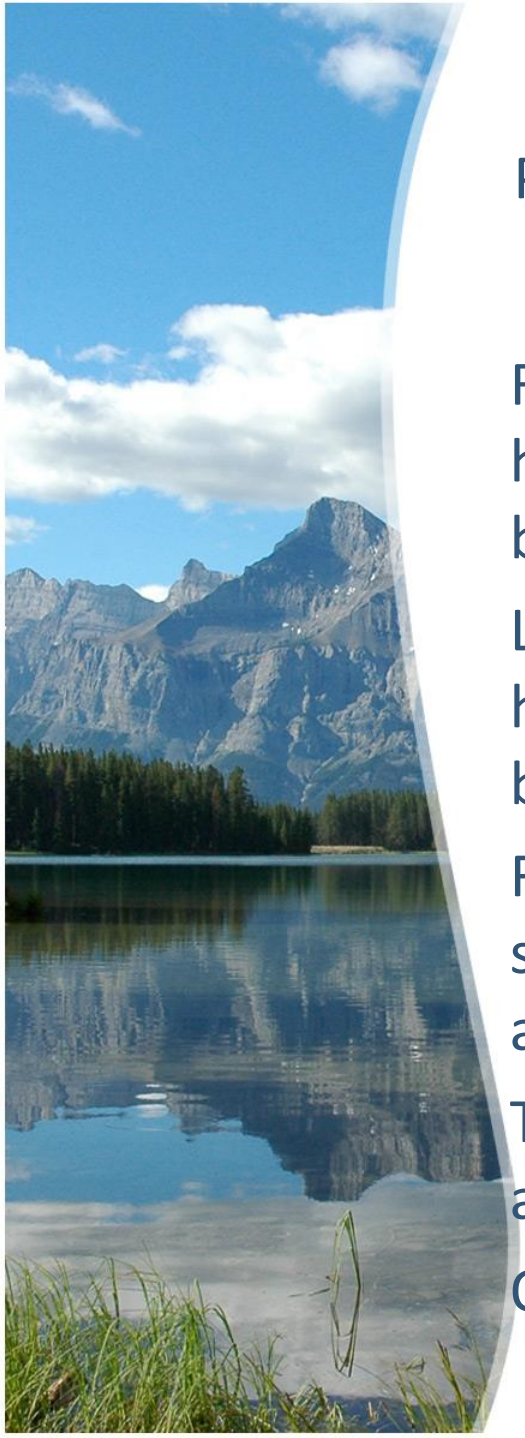
Providing safe spaces to talk – sometimes its those around the mum who notice first.

First principles – sleep management! Exercise, diet, social support, relaxation – connection.

Therapeutic intervention - Talking therapy, group therapy (COS), supportive counselling.

Medication – GP or specialist service.

Acute presentation – suicidality, psychosis, mania – seek immediate support.



Psychosis & Mania

Risk period often immediately post partum with higher risk for those previously diagnosed with bipolar disorder or a psychotic illness.

Loosing touch with reality – delusions, hallucinations, disorganized thoughts, speech and behavior. Paranoia.

Feeling wired, unable to sleep, belief of having special powers, muddled thoughts, disinhibited and feelings of being bullet proof.

Treated as a medical emergency – seek medical advice.

Often treated as an inpatient with medication.

Birth Trauma – Fertility Treatment

Fear and loss of control

Individual differences of experience

Issues to consider:

Poor pain relief, physical trauma, lack of attention to dignity, obstetric emergency, invasive procedures without explanation, conflicting advice, PPH, prior trauma – sexual or medical.

What is helpful:

Debrief or review of what happened, connection with others, establish routines, encourage mothers to tend to their own needs as well.

Consider impact of trauma on partners and others present.

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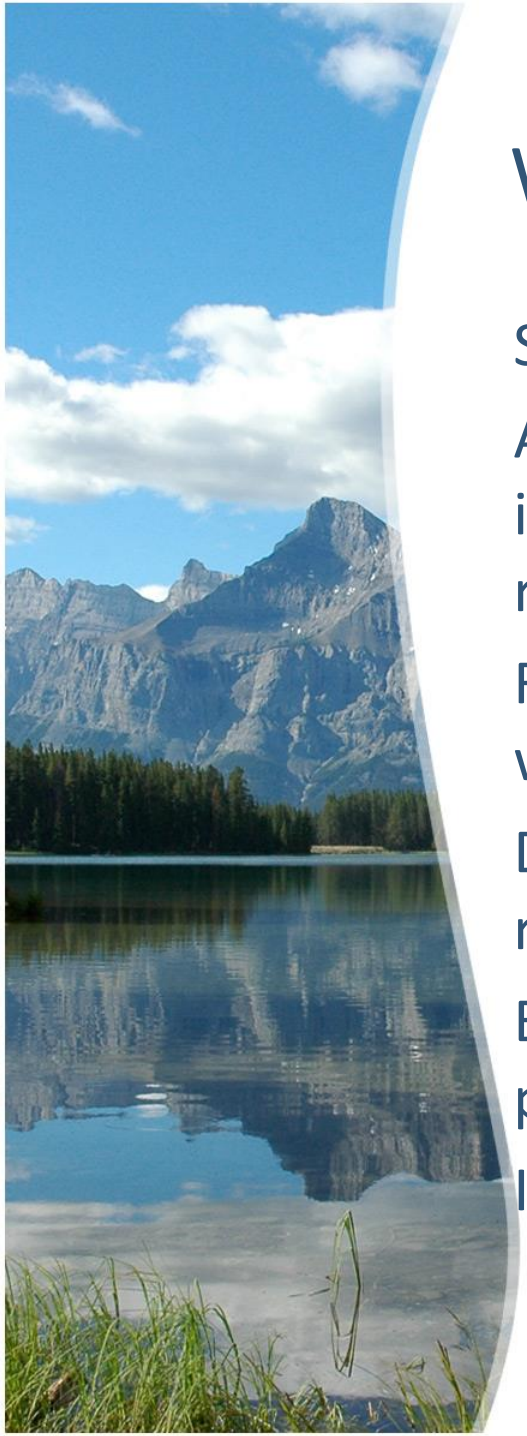
Mothers and fathers who:

are over the age of 18 years and live in the Rotorua region and planning a pregnancy, are pregnant or have had a baby in the last year and

are experiencing mental illness that impairs their functioning as a parent.

Are experiencing significant mental ill health relating to second/third trimester termination, birth trauma and / or a still born loss or

have a prior history of a mental illness, e.g. post partum psychosis, mood disorder or anxiety disorder.



What we do

Specialist assessment, diagnosis and treatment .

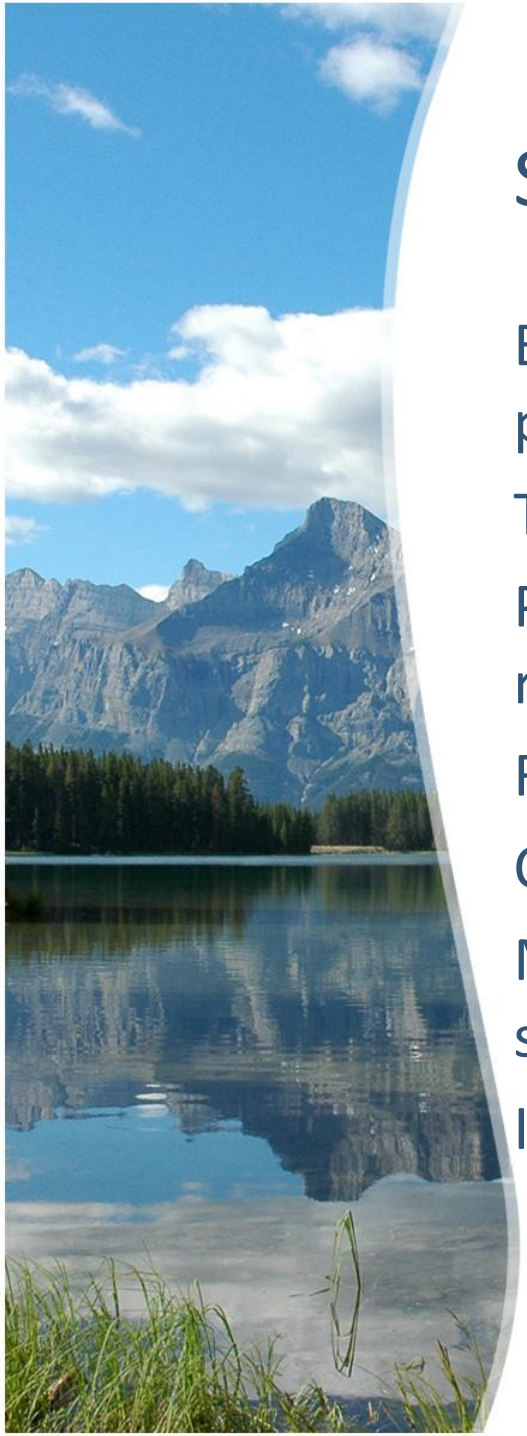
Assessment of family functioning and the implications of this on the parent/infant relationship.

Relapse prevention and promotion of mental wellbeing with a recovery focus.

Direct therapy to address parent/infant relationship concerns.

Education and training to other health professionals or community groups.

Individual and group therapy.



Service Development

Building better connection to key community providers, e.g. Well Child Providers

The importance of connection.

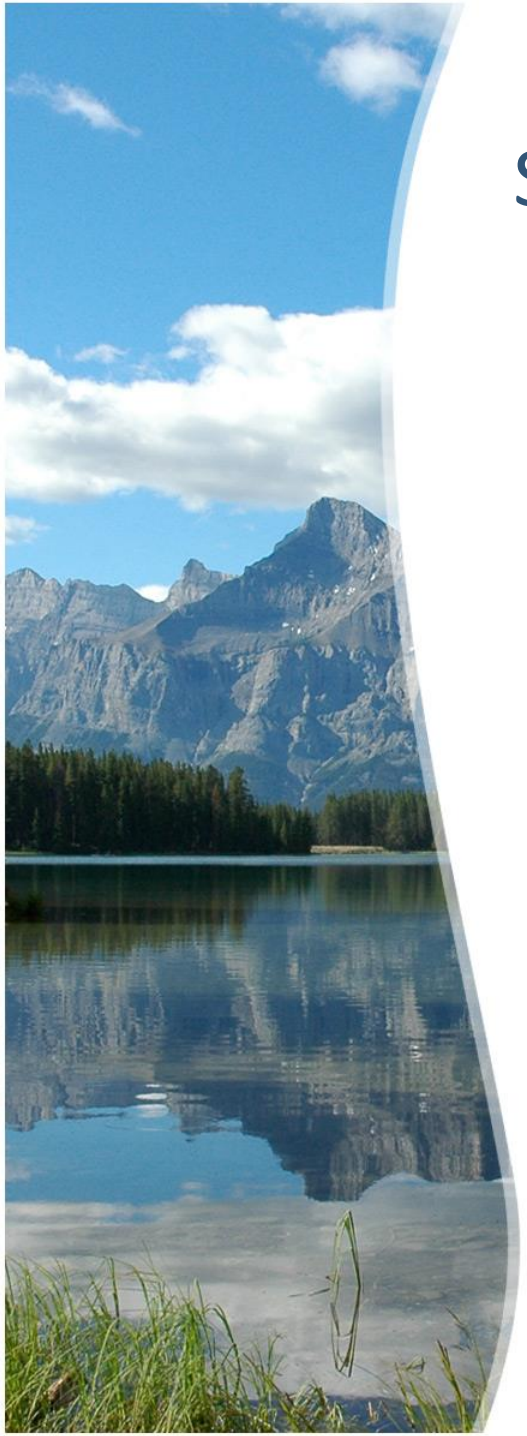
Provision of consultative role alongside normal referral process

Feedback Informed Treatment

Circle of Security

Maintain role in Midlands Region for wider service initiatives

In service promotion of Perinatal Service



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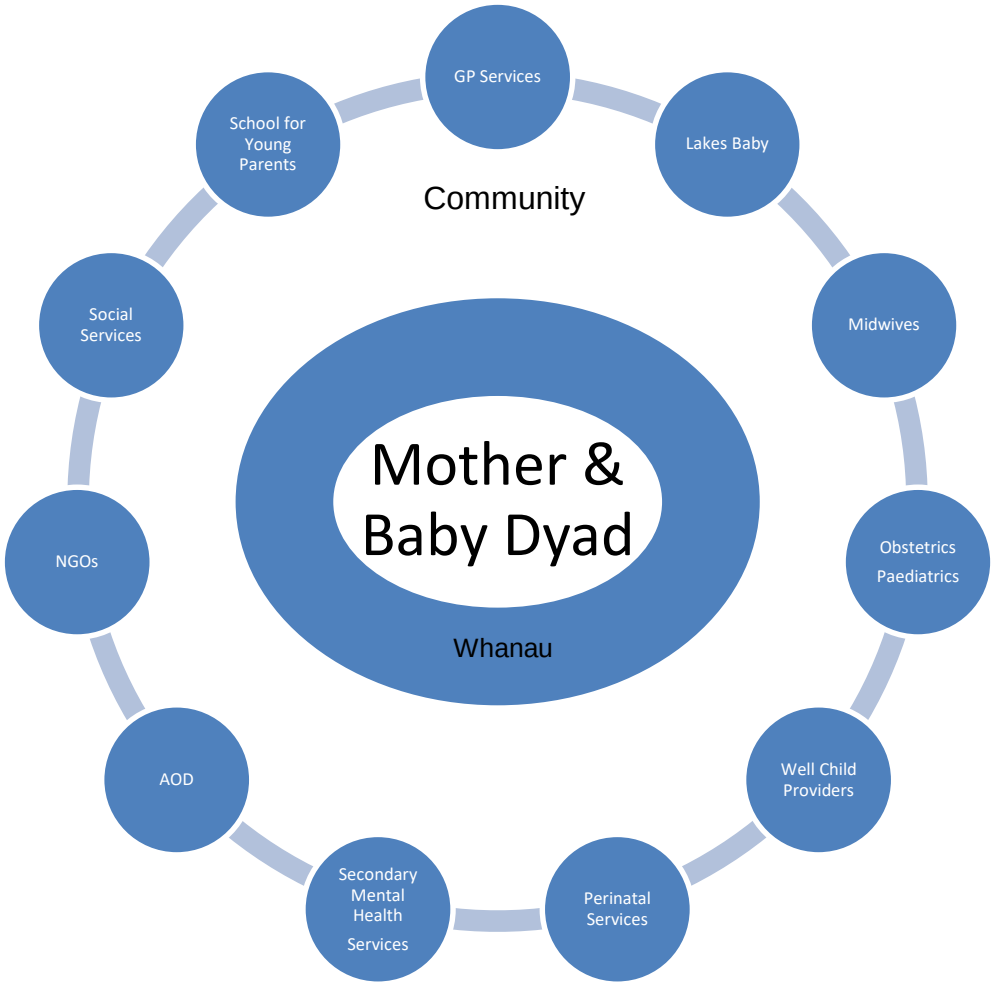

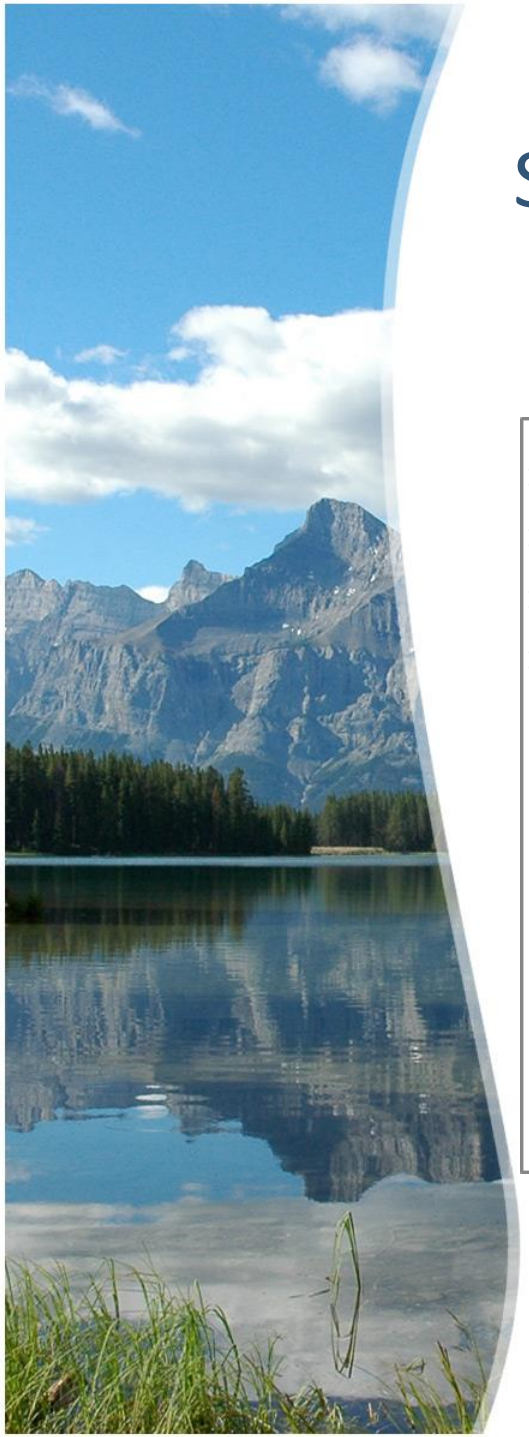

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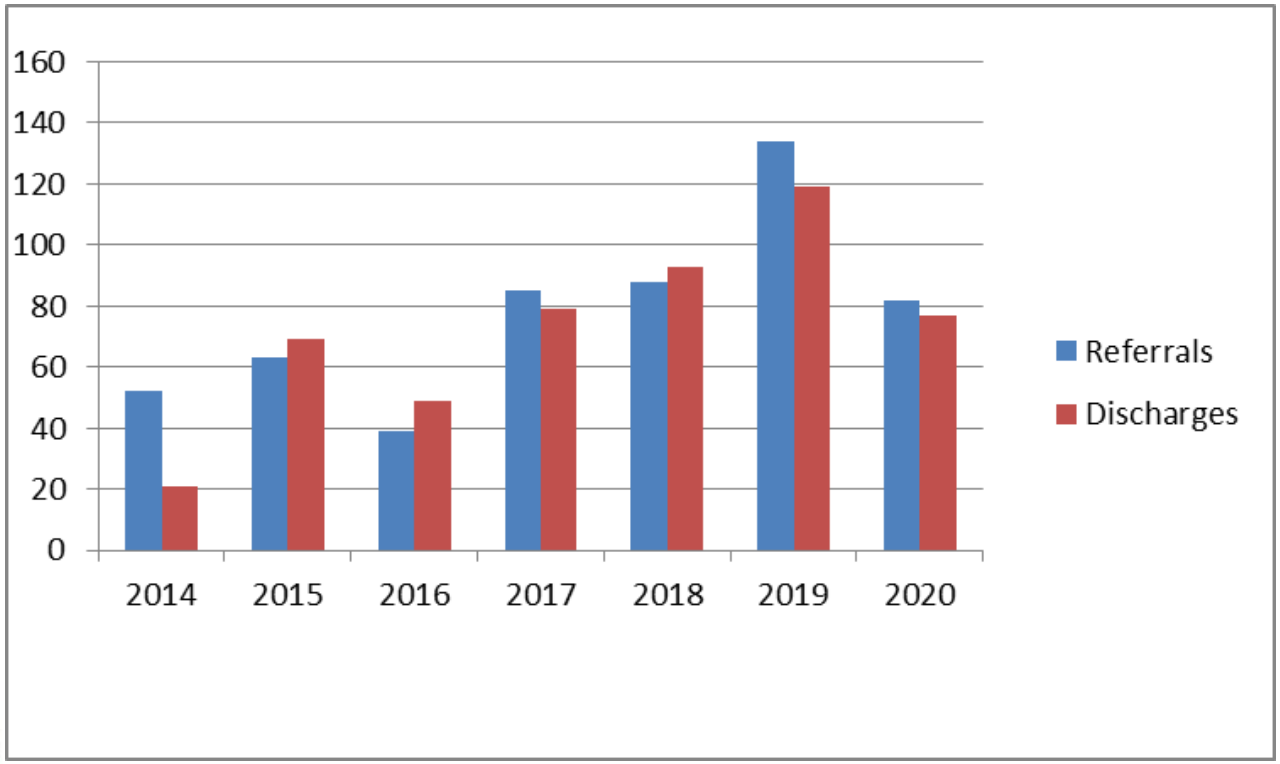

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Beautrais, A., (2018). Are you OK?. *Chapter 2 Integrating physical and mental care.*

WHO, (2020). Maternal and child mental health. Web page.

Strickett, L., Hohua R., & Kasiano L., (2018). Are you OK?. *Chapter 17 The Cultural Context.*