

Oregon Home Visiting Regional Training 2013 Perinatal Mental Health

Pregnancy and Postpartum
Mental Health:
The Home Visitor's Role



Oregon Home Visiting Regional Training
August 2013
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Postpartum Support International

www.postpartum.net
1-800-944-4773

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Objectives

- 1) Participants will **learn about the signs and symptoms** of maternal mood and anxiety disorders, and understand how these disorders impact pregnancy, birth outcomes, postpartum adjustment, and attachment and bonding with infants.
- 2) Participants will explore information, **community resources and self-care strategies** that support maternal mental health for home visiting participants.
- 3) Participants will utilize **culturally sensitive strategies** for talking with mothers about the implications of maternal mood and anxiety disorders and options for treatment/support.
- 4) Participants will understand **possible impacts and need for self-care** and when to seek out supervisory support when working with families who are experiencing maternal mood and anxiety disorders

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OREGON RESOURCES

for families and caregivers

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Oregon Home Visiting Regional Training 2013 Perinatal Mental Health

Oregon Resources

- ▶ **Oregon Maternal Mental Health Website**
 - www.healthoregon.org/perinatalmentalhealth
- ▶ **Postpartum Support International, Oregon**
1-800-944-4PPD (800-944-4773)
 - English & Spanish
 - Telephone Help Line for support & resources
 - Connect with local support volunteers and providers
 - www.postpartum.net



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Prevalence

- About 80% of new mothers experience normal "baby blues" in the first few weeks after the baby arrives.
- 1 in 8 mothers experience serious depression or anxiety during pregnancy or postpartum.
- 1-2 out of 1,000 have postpartum psychosis.
- 1 in 10 fathers experience PPD



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What does a baby know?



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Range of Adjustment

- ▶ In Oregon, 1 in 4 new moms feels depressed or anxious during and after pregnancy (PRAMS)



- ▶ New parenthood is always a big adjustment
- ▶ Even normal "Baby Blues" can be rough
- ▶ How do we know who is at risk?

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Home Visitors and PMDs

- ▶ What are the aspects of Home Visiting that make it such an effective way to address maternal mental health?
- ▶ Are there any aspects of home visiting that make it more difficult to address the subject?



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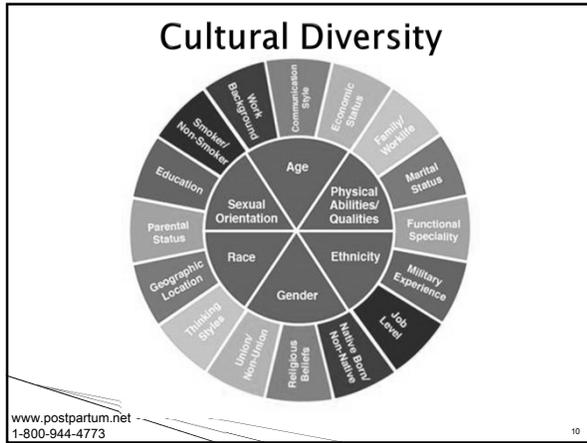
How does parent's mental health impact home visitor goals?

- ▶ Emotional health and support system directly affect family's ability to work toward goals
- ▶ Important to assess emotional and mental health before identifying goals
- ▶ If mom is depressed or anxious, common suggestions might not work well
- ▶ Moms might appear to be accepting suggestions but might be overwhelmed and incapable of taking the first step



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Cultural Aspects

- ▶ Sensitivity & Receptivity
- ▶ Humility: “teach-me” approach
- ▶ Check your judgments, assumptions, and expectations about motherhood and parenting practices

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PMDs and Socio-Cultural Diversity

- ▶ Cultural and ethnic diversity
- ▶ Socio-economic Disadvantage
- ▶ Immigrant or refugee status
- ▶ Special needs and disabilities- child or parent
- ▶ Infertility
- ▶ Survivors of abuse
- ▶ Same-sex parents
- ▶ Multi-generational households

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Cultural and Ethnic Diversity

- ▶ Maternal depression has varying meanings across communities
- ▶ Affects how we perceive, explain, and report symptoms
- ▶ Culturally diverse opinions about cause of sadness
- ▶ Traditional healing practices often part of picture
- ▶ Religious communities and practices can support or increase shame and guilt

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Stigma of seeking help

- ▶ Some women may not accept the term "postpartum depression"
- ▶ Non-Western culturally diverse women may use the term "unhappiness" or "stress"
- ▶ In some cultures women may not feel they are able to seek help
- ▶ Expected to stoically fulfill their social roles

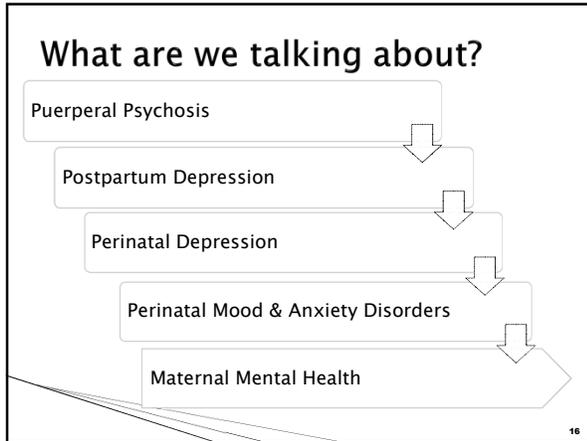
Perinatal Mood and Anxiety Disorders

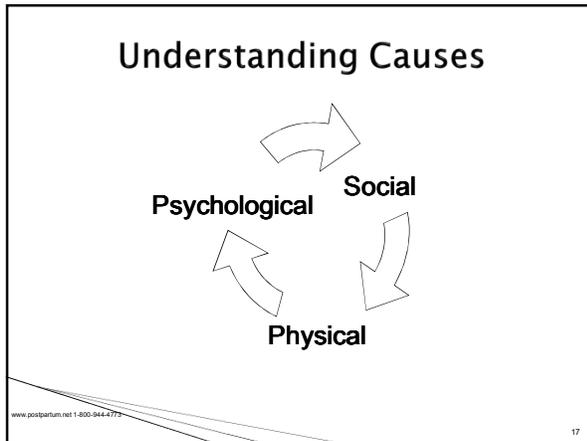


Causes
Myths and Realities
Signs & Symptoms
Risk Factors and Causes
Impact on Mothers & infants

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Myths & Stigma

- ▶ Social myths about joyous and selfless motherhood can make moms feel worse when they feel down.
- ▶ Moms feel guilty and embarrassed about the feelings and thoughts that arise with maternal depression and anxiety.
- ▶ Most depressed moms don't recognize that what they are feeling is depression; they feel they are failing.

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The Challenge

- ▶ *How do we reassure women when they are afraid to disclose that they need help?*
- ▶ *How can we help women when they don't know what's wrong?*
- ▶ *Our challenge is to reduce shame and normalize the new mother's need for support*



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Types of Perinatal Mental Health Disorders

- ▶ Prenatal Depression or Anxiety
- ▶ Major Postpartum Depression
- ▶ Postpartum anxiety or panic disorder
- ▶ Perinatal obsessive-compulsive disorder
- ▶ Post-Traumatic Stress
- ▶ Bipolar Disorders
- ▶ Postpartum Psychosis



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Prenatal Depression & Anxiety

- ▶ Distress in pregnancy often discounted by providers
- ▶ Rates of depression in pregnancy are just as high as postpartum
- ▶ Prenatal Anxiety tends to be intense and persistent
- ▶ Pregnancy and infant loss also cause distress and increase risk for mental health challenges



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Postpartum Depression (PPD)



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Postpartum Depression (PPD)

- Sadness, Crying Jags
- Feeling overwhelmed
- Irritability, Agitation, Anger
- Sleep Disturbance
- Appetite Changes
- Mood Swings
- Apathy
- Exhaustion



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Pregnancy and Postpartum Anxiety

- Normal new parent worry vs. anxiety disorder
- General anxiety, panic attacks, obsessive thinking
- Insomnia
- Low appetite
- Fears: losing control, illness, danger, fainting
- Physical symptoms: shaky, dizzy or short of breath



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Postpartum Anxiety & Panic

"I finally told my husband that he and my daughter would be better off without me—that I was not a good mother or wife. I felt like things were never going to get better—that I would never feel happy again. The only way out was to die."



... "I am going to act as though everything is fine and I am terrified of what lies ahead."

Picking Up Cues

- ▶ **Depression**
 - Withdrawn
 - Distance
 - Flatness of facial expression & voice
 - Anger and irritability
- ▶ **Anxiety**
 - Repetitive fears & questions
 - Over-protective
 - Too well put-together
 - Above-average fear of others taking care of baby

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Perinatal Obsessive-Compulsive Disorder (OCD)



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Obsessive Compulsive Disorder

- ▶ Intrusive, repetitive thoughts—usually of harm coming to baby (ego-dystonic thoughts)
- ▶ Tremendous guilt and shame
- ▶ Horrified by these thoughts
- ▶ Hypervigilance
- ▶ Moms engage in behaviors to avoid harm or minimize triggers



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Post-Traumatic Stress Disorder



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Post Traumatic Stress Disorder

- Cheryl Beck "Trauma is in the eye of the beholder"
- Trauma = perceived threat to the psychological or physical well being of the patient herself or to someone else
- Shattered Expectations



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Pickup up Cues – PTSD

- ▶ Avoiding contact with childbirth providers
- ▶ Distancing from partner
- ▶ Nightmares
- ▶ Recurring feelings and ruminating about birth

- ▶ PTSD focuses on the trauma; generalized anxiety focuses on many sources of anxiety

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Bipolar Disorders



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Bipolar Disorders

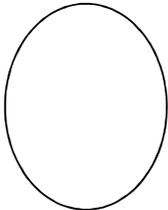
- ▶ 60% of bipolar women present initially as depressed
- ▶ If prescribed antidepressant w/out mood stabilizer, at risk of cycling into mania
- ▶ 50% of women with bipolar disorder are first diagnosed in postpartum period
- ▶ 85% of bipolar women who go off their medications during pregnancy will have a bipolar relapse before the end of their pregnancy

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Postpartum Psychosis

"It was the seventh deadly sin. My children weren't righteous. They stumbled because I was evil. The way I was raising them they could never be saved. They were doomed to perish in the fires of hell."



Andrea Yates, mother of Noah, John, Luke, Paul & Mary

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Postpartum Psychosis: Symptoms

- Delusions (e.g. baby is possessed by a demon)
- Hallucinations (e.g. seeing someone else's face instead of baby's face)
- Insomnia
- Confusion/disorientation (more than non-postpartum psychoses)
- Rapid mood swings (more than non-postpartum psychoses)
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)

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OCD vs Psychosis: Low Risk vs. High Risk of Harm

Low Risk - Anxiety and OCD

- Mother doesn't want to harm baby
- Extreme anxiety related to thoughts
- Mother has taken steps to protect baby
- Mother has no delusions or hallucinations related to harming baby

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OCD vs Psychosis: Low Risk vs. High Risk of Harm

High Risk – Psychosis and Violence

- Mother has delusional beliefs about the baby; e.g. that the baby is a demon or supernatural
- Thoughts of harming baby are ego-syntonic (mother thinks they are reasonable and/or feels tempted to act on them)
- Mom appears to have less anxiety when indulging in thoughts/behaviors
- Mother has a labile mood or impulsive behavior
- Mother has a history of violence

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Risk Factors

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Evidence-Based Risk Factors for PMADs

- ▶ Previous preg or postpartum mood disorders
- ▶ History of mood disorders
- ▶ Sensitivity to hormonal changes
- ▶ Inadequate social, family, or financial support
- ▶ Age under 18
- ▶ Military service, self or spouse



Risk Factor Check List

- It's hard for me to ask for help.
- I've had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I've been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes it's hard to slow down: I don't need to sleep, have lots of new ideas, and feel very restless.
- My family is far away and I don't have many friends nearby.
- I don't have the money, food or housing I need.

If you checked three or more boxes, you are more likely to have depression or anxiety during pregnancy or postpartum. Reach out for help to reduce your risk.

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Risks of Untreated Depression and Anxiety



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Risks of Untreated Depression and Anxiety

- › Effects on personal and social relationships
- › Pregnancy Complications
- › Birth Complications
- › Postpartum Impacts
- › Effects on Toddlers and Older Children
- › Effects on Partners and Family

Impacts on Social Relationships

- ▶ Moms struggling with depression and anxiety are usually embarrassed and afraid of judgment.
- ▶ A depressed or anxious mom might appear to be okay, but is truly feeling insecure and upset. She is working very hard to look good.
- ▶ She needs reassurance that it is healthy to talk about difficulties and reach out for help.

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Conversation Tips

- *"What are your questions about emotions and mental health?"*
- *"It looks like you're taking good care of your baby. Motherhood can be hard work. When do you take breaks? How are you finding time to take care of your own needs too?"*
- *"Thank you for telling me how you're doing. It is really healthy to speak up. Have you told anyone how you are feeling?"*

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Impacts on Bonding and Attachment



Impacts on Bonding and Attachment

- **Bonding difficulties might appear:**
 - Moms might appear distant or avoidant
 - Might be over-anxious, controlling,
 - Might express negative perceptions of baby
 - Little physical contact or tentative/insecure
 - Mom might be bonding but perceive herself negatively
- It's important to objectively assess mom and baby interactions
 - Mom might just be tired!

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Conversation Tips

- *"Oh, look how that baby looks at you when s/he hears your voice."*
- *"How are you feeling emotionally when you're with your baby?"*
- *"How are you feeling during the day with your baby?"*
- *"Do you have any questions about ways to connect or play with your baby?"*



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Breastfeeding and PMADs

- ▶ Check your assumptions
- ▶ Ask open questions about her experience
- ▶ *"How are you feeling about feeding your baby?"*
- ▶ *"Are you getting advice from friends or family about breastfeeding? How are you feeling about that?"*



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Don't Forget the Partners



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How do we support partners?

- ▶ ASK how they are doing
- ▶ Use Inclusive Language
- ▶ Include them in visits and conversation
- ▶ Ask for their stories
- ▶ Remember and respect diversity



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Home Visitor Role

- Normalize the subject
- Use Active Listening Skills
- Find out what she already knows
- Avoid judgment
- Menu of Options for follow up
- Share resources & referral



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Communicating with Parents

- ▶ **You are not alone**
 - Other mothers experience this
 - Assure her that support is available
- ▶ **You are not to blame**
 - This is not something you caused
 - This is not something you can control
 - This is not a reflection of you as a mother
- ▶ **With help, you will be well**
 - Stress that all symptoms are treatable
 - Stress that it is okay to need help
 - It will get easier



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Drawing Her Out

- ▶ Reassurance First
- ▶ Many people feel _____. How is it for you?
- ▶ Is becoming a parent (having another baby) different than you expected?



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Conversation Tips: Myths and Stigma

“Becoming a parent can be a tough transition. We talk to all our families about emotions and mental health. How do you feel emotionally?”

“Lots of women feel like being a new mom is harder than they expected. How has it been for you?”

“You are not to blame for your depression; this is part of becoming a mother for many women.”

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Reducing stress during recovery

- ▶ Break Down goals to small, achievable steps
- ▶ Check expectations and perfectionism
- ▶ Teach her the wisdom of saying YES to help and NO to stress



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Examples of Self-Care Strategies

- ▶ supportive relationships
- ▶ peer support
- ▶ healthy nutrition
- ▶ physical activity
- ▶ sleep/rest
- ▶ taking breaks
- ▶ positive coping strategies
- ▶ stress-reduction techniques
- ▶ reaching out for help (practical and supportive)



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Conversation Tips: Small Steps to Healthy Goals

- ▶ *"Remember that you will feel better, one step at a time. It helps to start with small steps, and build from there."*
- ▶ *"We can make a shopping list of easy foods right now if you'd like."*
- ▶ *"Yes, they say you 'need to exercise', but they might forget how hard it can be to get going. Some moms find it helpful to start small. For example, you can step outside for a few minutes each day, then you can add a little walk next, and build up from there."*
- ▶ *"Do you listen to music? That might be an easy way to get more movement in your day."*

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Helping Parents Reach Out



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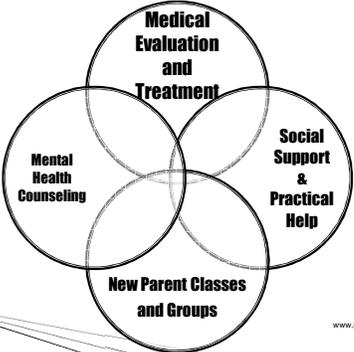
First Steps: Helping Mom Reach Out

- ▶ Listen to her without judgment
- ▶ Encourage or help her call PSI or local group for telephone or email support
- ▶ Encourage or help her talk to her healthcare and mental health provider
- ▶ Help her find Oregon support and info at
 - www.postpartum.net/Get-Help.aspx
 - www.healthoregon.org/perinatalmentalhealth

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Treatment Options



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Peer Support



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Parent Education Materials

- › www.healthoregon.org/perinatalmentalhealth
- › **PSI Educational DVD Trailer**
In English and Spanish
- › **HRSA brochure** - in English and Spanish
(Health Resources and Services Administration)
<http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm>



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PSI Educational DVD



Healthy Mom, Happy Family
Order this 13 minute DVD from
Postpartum Support International
1-800-944-4773
www.postpartum.net/Resources

www.postpartum.net 1-800-944-4773

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Local Resources

- ▶ What's been helpful to you in your area?
- ▶ Do you have a resource to share?
- ▶ What do you wish you had to offer families?

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Essential Elements of Recovery

- ▶ Reliable information about perinatal mental health
- ▶ Reassurance and Connection
- ▶ Physical wellbeing
 - Informed medical care
 - Rule out other causes
 - Good nutrition
 - Rest
- ▶ Practical support
 - Help with childcare and housework
- ▶ Emotional expression and support
- ▶ Time and faith



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Your Self Care

- ▶ Self-Awareness
 - Stress
 - Triggers
- ▶ What is my role vs. What does she need?
- ▶ Where can you reach out for support?
- ▶ Where can you access information?
- ▶ Using supervision



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GROUP EXERCISE

Goals:

1. Increase comfort to bring up and discuss emotional and mental health with parents.
2. Identify whether you need more information or suggestions to feel confident responding and offering resources.

Exercise:

- 1) Break into group of 3
- 2) Choose a situation that you have dealt with related to supporting a client with possible PMAD-related issues.
- 3) Role play or discuss it
- 4) Debrief with your group

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Debrief & Discussion



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Internet Resources

- Postpartum Support International www.postpartum.net
- MedEdPPD - Professionals & Families www.mededppd.org
- Postpartum Progress www.postpartumprogress.com
- Postpartum Dads www.postpartumdads.org
- Social Support & Steps to Wellness www.janehonikman.com
- MCH Library, Non-English www.mchlibrary.info/nonenglish.html
- Grief Watch: www.Griefwatch.com

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Information about medication
in pregnancy & breastfeeding

- **MOTHERISK: 877-439-2744**
www.motherisk.org/prof/drugs.jsp
- **InfantRisk: 806-352-2519**
<http://www.infantrisk.com/>
- **OTIS: 866-626-6847**
www.Otispregnancy.org
- **Mass General Women's Health**
www.womensmentalhealth.org



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Moving Beyond Depression Program

- ▶ Moving Beyond Depression
www.movingbeyonddepression.org
- ▶ In-Home Cognitive Behavioral Therapy (IH-CBT), an evidence based treatment designed specifically for depressed (and anxious) mothers who are enrolled in a home visiting program.
- ▶ Developed by researchers at *Every Child Succeeds* and *Cincinnati Children's Hospital Medical Center*. It is the only evidence-based treatment program specifically for mothers in home visiting programs.

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