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Webinar

An interdisciplinary panel discussion

Perinatal Mental Health: working together, working better

Monday 19th March 2012

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Panel

- Dr Morton Rawlin
- Professor Bryanne Barnett
- Professor Jeannette Milgrom
- Ms Stacey Noble

Facilitator

- Dr Michael Murray

This webinar is hosted by



- A Commonwealth funded project supporting the development of sustainable interdisciplinary collaboration in the local primary mental health sector across Australia
- Currently supporting over 450 local interdisciplinary mental health networks
- For more information or to join a local network visit www.mhpn.org.au



Learning Objectives

At the end of the session participants will be able to:

- *Better recognise the early warning signs of perinatal mental health issues*
- *Better recognise the core principles of and pathways to effective treatment and management of perinatal mental health issues*
- *Better understand the merits, challenges and opportunities in providing collaborative care to people experiencing perinatal mental health issues*

To find out more about your discipline's CPD recognition visit

www.mhpn.org.au

Session outline



The webinar is comprised of two parts:

- Facilitated interdisciplinary panel discussion
- Question and answers fielded from the audience

Session ground rules

- The facilitator will moderate the panel discussion and field questions from the audience
- You can submit question/s for the panel by typing them in the message box to the right hand side of your screen
- You can also minimise the text box if you are finding it distracting using the arrows above and beside of the text box
- If your specific question/s is not addressed or if you want to continue the discussion, feel free to participate in a post-webinar online forum on MHPN Online

For further technical support call 1800 733 416

Session ground rules (continued)

- Ensure sound is on and volume turned up on your computer. If you are experiencing problems with sound, dial (toll free) 1800 142 516 on your telephone landline & enter the pass code 40151365#
- If you are having bandwidth issues (sound or internet lagging or dropping out) you can minimise this by clicking on the presenters webcams and pressing the pause button under their video screen. You will still be able to hear the presenters when you pause their webcams.
- Webinar recording and PowerPoint slides will be posted on MHPN's website within 48 hours of the live activity

For further technical support call 1800 733 416

Consumer Perspective

- **Antenatal Depression:** 10 per cent of pregnant women in Australia experience antenatal depression.
- **Postnatal depression:** Almost 16 per cent of women giving birth in Australia experience postnatal depression.



Ms Stacey Noble

Consumer Perspective

- Perinatal mental health does not discriminate; it can and does affect women and their families from different cultures, across different age groups, and from different social, professional and financial positions.
- Through my own experience, and through my work, I have seen the impact of perinatal mental health on, not only the affected woman, but her partner, other children, family and friends.



Ms Stacey Noble

Consumer Perspective

“Something is not quite right”

Quite often a woman knows there is something wrong, but can't work out what it is. Likewise I hear from partners that they can't do a thing right and really have no knowledge or skills to identify that there is a problem. They end up simply putting it down to lack of sleep and the demands of being a new mum.



Ms Stacey Noble

Consumer Perspective

“Crisis point”

When this situation reaches crisis point, it can throw the whole family into turmoil. This is often the family's first point of contact in regards to the woman's decline in health and can result in the need for crisis care.



Ms Stacey Noble

Consumer Perspective

“Who is supporting who?”

Many times the partner is struggling with his own transition and feeling low himself - and then finds himself in the unlikely position of having to support his wife and, quite often, other children as well.



Ms Stacey Noble

GP Perspective

Post natal depression

- Common
- Spectrum of severity
- May present late
- Often associated with much guilt



Dr Morton Rawlin

GP Perspective

PND Approaches

- Empathetic listening
- Open ended questions
- Remember possible social isolation
- Suicide may occur



Dr Morton Rawlin

GP Perspective

PND

- Remember goal setting
- Contracts can be good
- Watch for non verbal cues
- Remember the mother baby coupled group with treatment

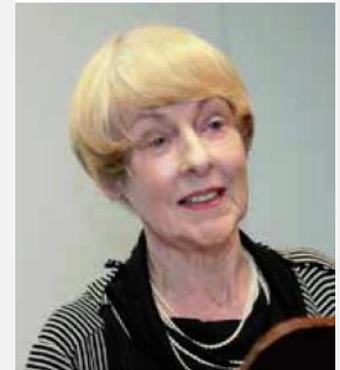


Dr Morton Rawlin

Psychiatrist perspective

What information is missing from this story and why?

Some points for speculation and discussion



**Professor Bryanne
Barnett**

Psychiatrist perspective

The previous hospital admission:

- It followed '*an extended period of sleep deprivation*' and what else?
- Maybe concerns re: the baby's health?
- Diagnosis and treatment?
- Helpful, but was either adequate?
- Were the couple warned to obtain help early in her next pregnancy?

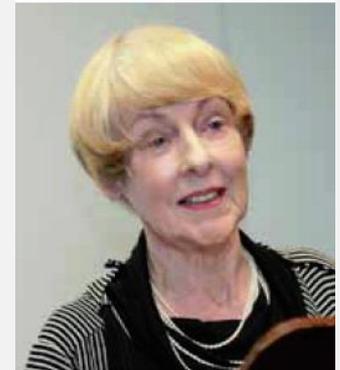


Professor Bryanne
Barnett

Psychiatrist perspective

After discharge:

- What was offered to Stacey and the family to enhance resilience?
(e.g. ongoing therapy: couple; individual or group; mother-infant relationship)
- Were medication and other treatments not accepted/acceptable?



Professor Bryanne
Barnett

Psychiatrist perspective

Other aspects to consider (1)

- How was this vulnerable mother not identified and helped during either pregnancy?
- Why can neither Stacey nor the family tell health professionals when she is not well?
- Has she always had to solve her own problems?

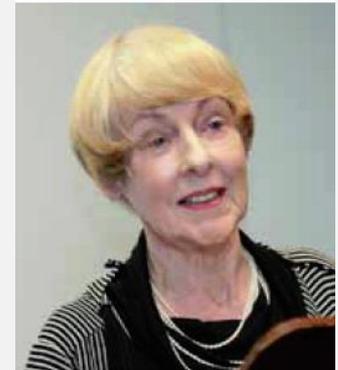


Professor Bryanne
Barnett

Psychiatrist perspective

Other aspects to consider (2)

- Was her mother depressed and anxious when Stacey was born?
- And very ill when her sister was born?
- *“Anxious since around age 4”*
- What happened in adolescence?
- Father and sister? Grandparents?
- Jake *“has a very strong personality”*
- *“Someone’s hungry”* - who, for what and from whom?



Professor Bryanne
Barnett

Psychologist Perspective

- A biopsychosocial model helps us understand factors that may have combined to trigger Stacey's postnatal depression (*Milgrom et al 1999, Treating Postnatal Depression, Wiley*).
- We can understand vulnerabilities in Stacey's background in the context of research on risk factors (family history of anxiety, personal history of depression and anxiety).
- Stacey did not seem to have received treatment from a psychologist for previous episodes which may have helped her develop coping skills for early signs of depression and anxiety.



**Professor
Jeannette Milgrom**

Psychologist Perspective

- Stacey did not disclose her anxiety and panic attacks after the birth of Maddison. We need to understand the reasons behind this to best support women in the perinatal period (e.g. societal expectations, fear of stigma)
- Stacey has significant strengths and protective factors (school teacher, felt confident in her strategies with Maddison, sought help, supportive partner)
- It was not until Maddison was 5 months that Stacey felt she needed an admission: could screening procedures have helped identify issues earlier? Her Maternal and Child Health Nurse and GP can play an important role.



**Professor
Jeannette Milgrom**

Psychologist Perspective

Screening for PND (postnatal depression):

- Who could have done it?
- The Edinburgh Postnatal Depression Scale (EPDS)
- Broader assessment/anxiety (beyond blue clinical practice guidelines on depression and related disorders)
- Online training (beyond blue website)
- Recognizing symptoms of depression and DSM-IV criteria (major depression)



**Professor
Jeannette Milgrom**

Psychologist Perspective

- Given Stacey's experience with Madison, what preventive support was she given in her second pregnancy? (the incidence of depression higher in subsequent pregnancies following initial episode)
- Was Stacey's ambivalence over possibly giving birth to a boy related to confidence/self-efficacy/anxiety?
- Psychological treatment in pregnancy could have helped Stacey deal with some of these feelings.
- Stacey acted quickly in seeking help with Jake and sought another mother-baby unit admission. What would help after her discharge?



**Professor
Jeannette Milgrom**

Psychologist Perspective

- Depressive symptoms and underlying anxiety were identified by Stacey herself soon after Jake's birth. After discharge from the mother-baby unit Stacey may have benefited from ongoing support from a psychologist to consolidate gains.
- Common issues dealt with in psychological treatment in the perinatal period include: developing coping skills with cognitive behavioural therapy tailored for new mothers; mobilizing family and partner support; increasing self-efficacy; partner issues; mother-baby issues that may have developed.



**Professor
Jeannette Milgrom**

Consumer Perspective

Screening:

There was no screening from my GP, and it was between this consultation and my obstetrician appointment that I was severely unwell, contemplating termination and self harm. Had I been screened for antenatal depression, my perinatal mental health experience may not have reached crisis point.



Ms Stacey Noble

Consumer Perspective

Collaborative care:

I believe that if I had have been assessed and monitored and referred to appropriate resources throughout my pregnancy, that my post natal experience may not have reached crisis point. As it did, my partner and family were largely impacted and we were all very fortunate that I responded well (and quickly) to medication, as the excellent collaborative care I received as an inpatient, didn't seem to exist as an outpatient.



Ms Stacey Noble











beyondblue has produced Clinical Practice Guidelines for depression and related disorders - anxiety, bipolar disorder and puerperal psychosis - in the perinatal period

www.beyondblue.org.au/perinatalguidelines

Beyond Babyblues: Detecting and managing perinatal mental health disorders in primary care is a free, accredited, online training program available for health professionals working in the perinatal area.

<http://thinkgp.com.au/beyondblue>

Thank you for your participation

- **Please complete the exit survey before you log out**
- To continue the interdisciplinary discussion go to the online forum on MHPN Online.
- **Each participant will be sent a link to online resources associated with this webinar within 48 hours**
- The next MHPN webinar is 'Collaborative Care for Children with Autism' at 7.45pm (AEST) on Wednesday 4th April 2012
- **For more information about MHPN networks and online activities visit www.mhpn.org.au**

Thank you for your contribution and participation



Artwork (slide 21, 22, 23 & 24) courtesy of Arts Project Australia and Q Art Studio

Miles HOWARD-WILKS

Not titled (landscape with waterfall, cross bridge and road)

2009

MH09-0008

Sonja Kan

'Secret Garden Series' 2011 QAS

Steven Perrette

In the bay, Port Philip Bay that is

SP00-0017

Ralph Dawson

'Stickmen with Yellow & Purple'

-for Calendar 2011 QAS