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Webinar

Working Together to Support the Mental Health of Families with Pre-term Babies

Tuesday, 7th October 2014

"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  **mhpnp**
Mental Health Professionals' Network

Tonight's panel

- Ms Nina Grillo (social worker)
- Dr Carol Newnham (psychologist)
- A/Prof Caroline Zanetti (psychiatrist)
- Ms Belinda Horton (occupational therapist)

Facilitator

- Dr Michael Murray (GP)

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes



Through an exploration of Bronwyn's experience, the webinar will provide participants with the opportunity to:

- Identify the risks for perinatal mental health, particularly for mothers with pre-term babies
- Recognise the core principles of and pathways to effective treatment and management of perinatal mental health issues, particularly for mothers with pre-term babies
- Understand the challenges to and opportunities for providing collaborative care to families experiencing perinatal mental health issues

NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.

Social Worker Perspective

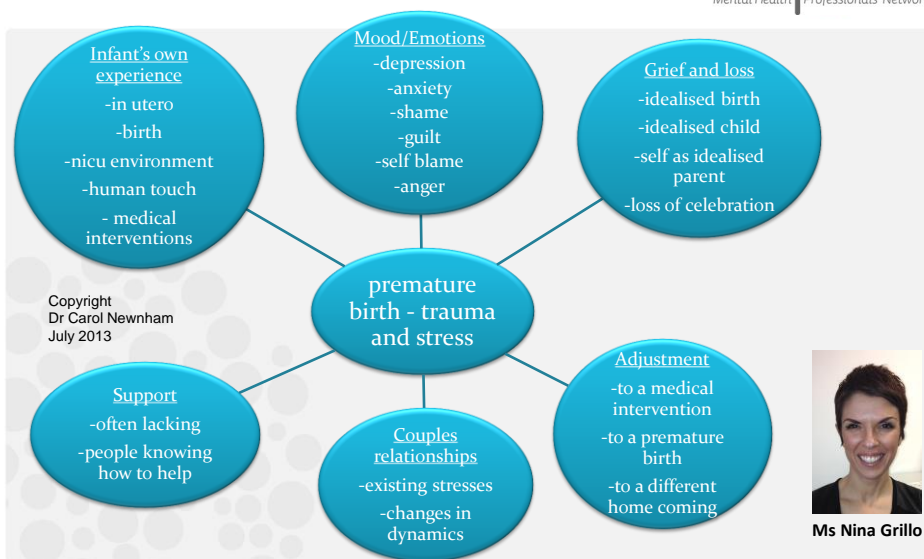
Adding to the stress and trauma of having a premature baby are feelings of grief and loss

- Loss of pregnancy
- Rights of passage are often lost
- Loss of idealised birth
- Loss of idealised child
- Disappointment in your body
- Loss of celebrations
- Loss of acknowledgement
- Loss of parenting expectations
- Not finishing work on your own terms
- Loss of not being able to prepare physically or emotionally



Ms Nina Grillo

Social Worker Perspective



Ms Nina Grillo

Psychologist Perspective



A few useful stats and definitions

- “Preterm” means being born at < 37 weeks
- 1/20 Australian babies is born prematurely
(20-25,000 premmies born every year)
i.e. prematurity is common
- Not associated with socio-economic status (in Australia)
- “Extremely” preterm - <28 weeks of gestation
- “Very” preterm - 28-32 weeks
- “Late” preterm – 34-36 weeks



**Dr Carol
Newnham**

Psychologist Perspective



- “Extremely” and “very” preterm babies will spend months in a Neonatal Intensive Care Unit (NICU) or a Special Care Nursery (SCN)
- While the survival of these babies has improved dramatically, death and disability are the constant “elephants in the room” for parents
- 50-75 % of premmies will go on to have some developmental problem(s)
- These problems are in **every** area of development and at all levels of severity (physical, sensory, cognitive, emotional/behavioural)



**Dr Carol
Newnham**

Psychologist Perspective

Parents



**Dr Carol
Newnham**

Psychologist Perspective

Parents

- Parents and especially mothers can experience a prolonged trauma that is both acute (e.g. fear of “the” phone call) and chronic (the anxiety and fear re health and development that lasts for months and years)
- The incidence of maternal post-natal depression (PND) in one Australian study was 60% in the year following a premature birth
- Increased anxiety and post-traumatic stress disorder are also found in these parents



**Dr Carol
Newnham**

Psychologist Perspective



A natural history of mental health problems of parents of premmies?

- While the baby is hospitalised NO maternal PND (our own study)
- BUT dissociation, extreme anxiety, “present traumatic stress disorder”
- Anecdotally, 6 months later, PND can develop
- Chronic /ongoing
 - mental health issues
 - insecure attachments with the baby (mother and baby can be poor social partners to each other)
 - “smothering”
 - unable to let go of “maternal obsession”



Dr Carol
Newnham

Psychologist Perspective



Bronwyn

- Bronwyn’s story is an extreme example of the traumas that face these parents
- There are valid reasons for parents of premmies to be anxious
- ALL parents (in my experience) have anxiety and trauma that can affect their mental health
- **Mothers will tend to focus on their baby and not on themselves until and unless their own mental health problems become unmanageable**



Dr Carol
Newnham

Psychiatrist Perspective

Psychological tasks of pregnancy

- Getting to be ready to be someone's mother or father
- Adjusting to body changes in self/partner
- Re-evaluating the relationship with own parents
- Re-processing old difficulties
- Past losses to be worked through
- Social role changes
- Current life circumstances



A/Prof Caroline
Zanetti

Psychiatrist Perspective

Traumatic delivery

- Associated with postnatal anxiety and depression
- Irritability
- Feelings of detachment
- Anxiety and avoidance when thinking of the hospital
- In severe cases: nightmares, flashbacks
- Partners can be traumatised too



A/Prof Caroline
Zanetti

Psychiatrist Perspective



Personality variables associated with poor postnatal adjustment

- Perfectionism
- Self-reliance
- Obsessionality
- Poor self-esteem
- Dependent personality type
- Personality disorder

Note that traits that work well in some life circumstances don't always work well in early parenthood



A/Prof Caroline Zanetti

Psychiatrist Perspective



Children's needs

- Children have many adjustments to make when a baby comes.
- Young children often observe their mother's increasing physical incapacity as pregnancy proceeds, and may become anxious. They are also able to think about death, their own and their parents' – and this may be a considerable worry.



A/Prof Caroline Zanetti

Psychiatrist Perspective



Addressing the mental health needs of the family

- Mental health assessment should be part of every GP and child health nurse assessment during the first year. Building awareness of the needs of all family members into routine care is essential.



A/Prof Caroline
Zanetti

Occupational Therapist Perspective



Biopsychosocial approach

Systems Theory:

- Person needs to be seen holistically – physical, psychological and social being
- Perinatal mental health exists within families and communities – need to consider both Bronwyn and Barry and their children in assessment and interventions

Causes – symptoms – interventions:

- All aspects of perinatal depression and anxiety will involve the biological (medical), psychological (spiritual) and social (cultural) aspects of the woman, man and their family's life
- Ideal is to consider all aspects when developing intervention and support plan and to provide the family with options to be negotiated – will depend on individual preferences, readiness and capacity to engage with combination of services

Recovery and wellbeing are most successful with a combination of interventions that address all aspects of the person and family's life.



Ms Belinda
Horton

Occupational Therapist Perspective



Psychodynamic approach

- The experiences and remembered sense of a new parent's childhood, attachment and family of origin can resurface with the birth of a baby, particularly if there is 'unfinished business' attached to them
- The risk of developing perinatal depression and anxiety is increased if there are also present day stressors (eg a preterm, ill or demanding baby, trauma, loss, relationship difficulties) that interact with this process of historical resolution
- How the new parent deals with this collision of emotional processes – historic resolution and present adaptation – will in part be determined by the beliefs and scripts they retain from their family of origin, some of which may be unhelpful eg feelings are private and you don't talk about them
- This is how they dealt with issues in the past and they may apply the same strategies to managing the distress and struggles in new parenthood



Ms Belinda
Horton

Occupational Therapist Perspective



Occupational challenges – biopsychosocial wellbeing and function

POSSIBLE ISSUES

- Unknown status of Bronwyn and Barry's mental health – impact of depression and anxiety on Bronwyn's occupational capacity and biopsychosocial function, and Barry's family role
- Unknown timelines since Bronwyn was at home full time - may not have developed the skills or personal satisfaction in managing the ongoing and at times relentless demands
- Bronwyn is experiencing significant occupational challenges in managing the demands of two children, her household (tidiness, impact of Oscar's destructive behaviour) and her own needs (sleep, grooming, hygiene) for the first time, made more difficult by her worsening emotional and mental health
- Bronwyn is not managing her return to work at 10 months – experiencing panic attacks (possible link with trauma) with unknown impacts on her home life



Ms Belinda
Horton

Occupational Therapist Perspective



Occupational challenges – biopsychosocial wellbeing and function

POSSIBLE INTERVENTIONS

- Full GP assessment of Bronwyn and Barry's mental and physical health – mental health assessment, physical health assessment – to determine biopsychosocial interventions – medical monitoring, medication, mental health care plan, Psychiatrist referral
- Referral to Occupational Therapist evaluation and intervention to support Bronwyn's rebuilding her sense of herself, control and success in meeting the occupational demands of her physical and social environments and to restore her joy of motherhood
- Discussions with her employer to adapt her work demands during her period of treatment and recovery
- Referral for short-term in-home support or low cost home help to support Bronwyn to meet household demands
- Application for Special Child Care Benefit to fund in-home nanny or child care for Oscar



Ms Belinda Horton

Occupational Therapist Perspective



Attachment challenges – family of origin, trauma, grief

POSSIBLE ISSUES

- Unknown story of Bronwyn's experiences of her family of origin or attachment relationships (? irritability with her own mother), or of Barry's – both will bring these stories to their parenting, mental health, challenges of preterm birth and managing trauma
- Early return to work at 4 months after Oscar's birth - impact on attachment evident in the current difficulties in their relationship – guilt, no emotional space for Oscar, segregating Oscar, deterioration in his behaviour
- Death of Harrison and Thomas's 4 month hospitalisation is likely to challenge Bronwyn's capacity to develop close attachment – grief for Harrison, fear of illness or loss of Thomas, impact of trauma of preterm birth; Thomas's hearing disability impacting on her communication and relationship with him
- Unknown feeding experiences with Oscar and Harrison – possible difficult feelings related to breastfeeding experiences impacting on Bronwyn's relationships with her children



Ms Belinda Horton

Occupational Therapist Perspective



Attachment challenges – family of origin, trauma, grief

POSSIBLE INTERVENTIONS

- Counselling to explore Bronwyn's family of origin story and her experiences with her children, and separately for Barry, including trauma and attachment
- Parenting and attachment support for Bronwyn and Oscar, possibility of play therapy with Oscar to explore his trauma of twins preterm birth, death of Harrison and Bronwyn's mental health
- Grief counselling for Bronwyn – death of Harrison, preterm birth with trauma and hospitalisation, long term disability
- Provision of helpline contact details for additional support – PANDA, SIDS and KIDS



Ms Belinda
Horton

Occupational Therapist Perspective



Family Relationship challenges – parenting, communication

POSSIBLE ISSUES

- Couple relationship between Bronwyn and Barry – unknown pre-children relationship or communication – struggling since becoming parents and more so since the twins preterm birth
- Barry's withdrawal to long hours at work maybe his way of managing stressors in relationship with Bronwyn as well as his own trauma and grief processes following twin's preterm birth – as well as criticism of Bronwyn's management of Oscar
- Unknown relationship between Barry and his children or his parenting skills
- Bronwyn is feeling unheard and unsupported by Barry and his lack of availability, adding to her distress and couple conflict



Ms Belinda
Horton

Occupational Therapist Perspective



Family Relationship challenges – parenting, communication

POSSIBLE INTERVENTIONS

- Couple counselling to explore Bronwyn and Barry's experiences, grief and trauma, and their relationship and communication, to build their understanding and support of each other
- Counselling for Barry to explore his experiences as a father – grief, trauma, emotional resilience, relationship with his children



**Ms Belinda
Horton**

Occupational Therapist Perspective



Social Challenges – isolation, peer support, social connections

POSSIBLE ISSUES

- Difficulties in relationship between Bronwyn and her mother limiting experience of support – feeling irritable with her when her mother attempts to help
- Unknown impacts on Bronwyn's relationships with family and friends
- Possible lack of social connections with other parents with similar experiences



**Ms Belinda
Horton**

Occupational Therapist Perspective



Social Challenges – isolation, peer support, social connections

POSSIBLE INTERVENTIONS

- Referral of Bronwyn and Barry to peer support groups to connect with other parents of preterm babies e.g. Life's Little Treasures
- Referral of Bronwyn and Barry to peer support organisation to provide grief and loss support e.g. SANDS
- Referral of Bronwyn and Barry to hearing disability support organisation to provide support with Thomas, including peer support with other parents
- Referral of Bronwyn and her children to a supported playgroup in local community to experience facilitated play and social connections with other parents



**Ms Belinda
Horton**



Q&A session

Thank you for your participation



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- Each participant will be sent a link to online resources associated with this webinar within two to three business days
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**Thank you for your contribution and
participation**