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Mental Health and Substance Use in the Perinatal Period

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Acknowledgment of Country

ST VINCENT'S HOSPITAL MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

We acknowledge the people of the Kulin Nation, the traditional custodians and pay our respects to their culture and their Elders past, present and future. We welcome all cultures, nationalities and religions. Being inclusive and providing equitable healthcare is our commitment.

Maternal Mental Health

Perinatal Mental Health

- Up to one in five women experiences mental health problems during pregnancy or within 1 year of giving birth
- Significant morbidity and mortality worldwide
- 2012-2014 UK survey: ¼ of all maternal deaths in UK between 6 weeks conception and 1 yr postpartum were related to mental health problems
- Prevalence of perinatal depression occurs in 6.5-12.9% of mothers
- Many do not seek help or do not get referred for help
- Global evidence that perinatal disorders are associated with risks of negative child outcomes persisting into late adolescence (Lancet 2014;384: 1800-1819)
- Most research has focused on mothers, but growing evidence suggests that the fathers' mental health is also associated with child developmental disturbances

Who is more vulnerable?

- Current history of anxiety and depression
- Previous history of anxiety and depression
- Family history of anxiety, depression or other mental health problems (esp bipolar, suicide)
- Level of supports
- Unplanned pregnancy
- Assisted pregnancy (IVF)

Mental health challenges in the antenatal period

- Adjustment to pregnancy (physical and psychological)
- Medications in preconception and antenatal period
- Pre-existing mental health issues
- Anxiety and Depression
- AOD issues during pregnancy

Mental health challenges in the post partum period

- Traumatic labour/pregnancy
- Adjustment to parenthood
- Demands vs recovery
- Sleep deprivation
- Breast feeding issues
- Lack of supports
- Bonding with baby. Attachment issues
- Meds and AOD issues
- Relationship changes
- Family violence

Post natal depression (PND)

- Sudden onset, unbearable loneliness and sadness that are often suffered in silence, inability to feel positive emotions, grieving over the loss of self, feelings of being bad mothers, inability to concentrate, lack of control of thoughts, perceptual abnormalities and unusual beliefs disrupting the sense of personal unity, losing trust and stripping down relationships
- ~ 5% of all perinatal women will have a depression or anxiety disorder requiring medication (moderate-severe anxiety)

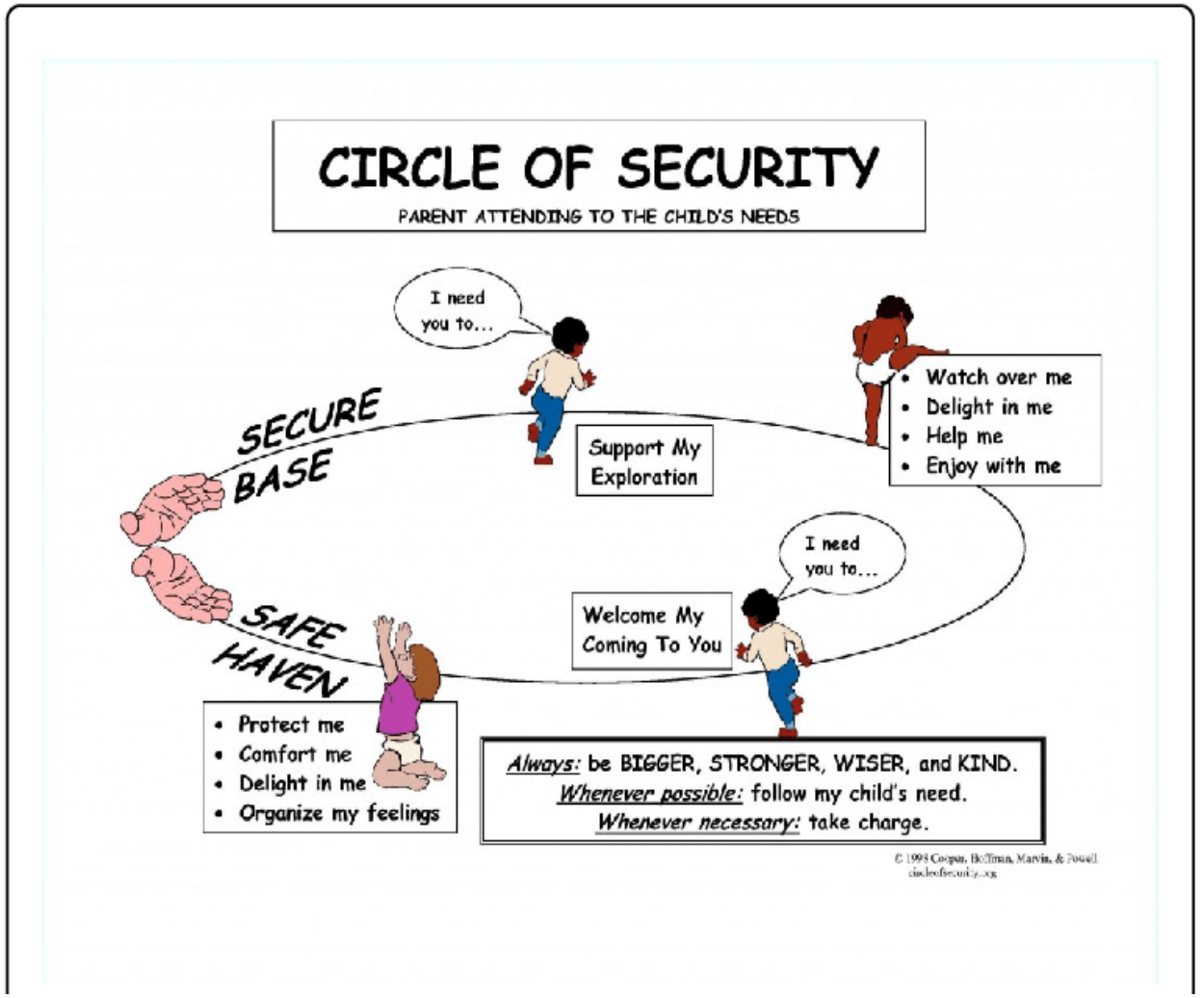
Post Partum Psychosis

- Serious. Psychiatric emergency due risks to mother and baby
- Symptoms may include delusions, hallucinations, paranoia, mania, depression, anxiety
- Needs specialist treatment asap

- Rarer 1 to 2 per 1000 people after delivery
- Bipolar affective disorder
- Previous puerperal psychosis
- Majority will require inpatient treatment (general psych or Parent Infant Unit)

Risk assessment

- Risks to self
- Risks to baby
- Relationship
- Attachment difficulties
- Parenting (good enough parenting)



Obsessive Compulsive disorder (OCD)

- **Obsessions**: persistent and intrusive thoughts, urges, or images that cause distress, Often unwanted, overwhelming
- **Compulsions**: Repetitive behaviours or mental acts that are driven by the need to reduce anxiety or distress related to obsessions

- Time consuming, impairing
- High rates of relapse in perinatal period

Obsessive-Compulsive Personality Disorder (OCPD) or traits

- Pervasive preoccupation with orderliness, perfectionism and control
- Likes things done in specific ways
- Enjoys rules, minute details, procedures and lists
- Difficulties delegating work
- Enjoys planning ahead, being in control

OCD and OCPD in perinatal period

- Level of uncertainty with baby's needs
- Efforts ≠ results
- Lack of routine
- Exhaustion
- Higher risks of relapse
- Symptoms often similar
- Attachment anxiety, insecure attachment

- Fears of harm around baby often **ego-dystonic** (very distressing thoughts, not in keeping with values or will) Can result in avoidance.
- CPS reporting can exacerbate distress and cause difficulties in engagement with services

Medications in pregnancy and BF

- Risk vs benefit analysis (untreated/under treated vs exposure in utero)
- Evidence based
- ~70% depressed women relapse if cease meds
- ~26% relapse if remain on antidepressant
- Relapse rates higher for other mental health disorders
- Polypharmacy

Substance use in Pregnancy

- Cannabis
- Tobacco
- Alcohol
- Amphetamines
- Nitrous oxide (Nangs)
- Benzodiazepines
- Opioids

- Preterm birth
- Low birthweight/ IUGR
- Low APGAR score
- Stillbirth
- Admission to Neonatal Intensive Care Unit

Management in pregnancy

- Early identification
- Pharmacotherapy
- Psychosocial interventions
- Care Team collaboration
- Specialist midwifery
- AOD and mental health collaboration
- Detoxification
- Inpatient vs community
- Monitoring
- NICU, special care nursery (NAS scoring)

Substance use in breast feeding

- Psychoeducation
- Breast feeding vs bottle feeding
- Support services
- Child protection notification

Perinatal Emotional Health Service

- Community based mental health service for consumers in the perinatal period
- Management of mental illness during pregnancy and post-partum; perinatal focus
- Attachment; emotional regulation; grief and loss; adjustment and coping
- Primary and secondary consultations regarding perinatal mental health
- Provision of both medical and psychological interventions
- Education, supports and partnership for services in the community

Who we see

- Preconception to 12 months postpartum
- Community based
- Primary and secondary consultation
- Patients in St Vincent's catchment area
- Internal and external referrals accepted
- Ability to provide both medical and psychological interventions

- No case management
- Subacute
- Perinatal focus (e.g. management of mental illness during pregnancy, postpartum, case planning, PND, attachment, emotional regulation, coping)
- Individual and group therapy

The Perinatal Emotional Heath Service (PEHS) offers a range of services to new and expecting parents, including:

A specialised community-based perinatal mental health service

servicing St Vincent's Hospital's catchment area for parents up to 12 months postpartum.

Primary and secondary consultations

for perinatal mental health.

Education and support

for services in the community.

Clinical support

focused on therapeutic alliance, timely appointments, assessment, formulation, group work, psycho-education and goal setting.

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Working with parents:

- New and expecting
- Experiencing specific mental health challenges*
- From pre-conception until 12 months postpartum.

Working together with:

- Maternal and child health nurses
- Local GPs
- Specialist midwifery services
- Parent infant units
- Early parenting centres
- Private psychiatrists
- Local mental health services
- Maternity wards
- Other specialised mental health services.

Specific interventions

- Potential for short-term psychological intervention including but not limited to:
  - Dialectical behavioural therapy (DBT)
  - Acceptance and commitment therapy (ACT)
  - Cognitive behavioural therapy (CBT)
  - Circle of security
- Capacity for group programs
- Supporting loss and grief
- Attachment based frameworks
- Trauma informed care
- Psychiatry consultation.

* PEHS is unable to provide case management or specific assessment for ADHD, ASD, or parenting capacity.

The referral process

Each referral will be reviewed by one of our PEHS clinicians.

An initial appointment will be arranged to discuss identified issues/concerns to determine the best support options based on parents' goals (this may include ongoing support from PEHS or provision of alternative support options).

Parents are encouraged to bring their baby and support people to this in-person session.

Clinicians will discuss appropriate treatment pathways to support identified goals and how these may be achieved.

Episodes of care usually range from three to six months prior to review of family needs.

Further information and referral suitability can be discussed via PEHS' contact details on the back of this brochure.

Please note the PEHS is not a crisis service. If you are experiencing a mental health crisis:

- contact St Vincent's Triage (24/7 support) on 1300 558 862, or
- visit your nearest Emergency Department or call 000.

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Our specialists

Our perinatal trained clinicians include a consultant psychiatrist and clinical psychologists:

- Dr Ling Chua, Consultant Psychiatrist
- Rebecca McStay, Clinical Psychologist
- Alana Pisani, Clinical Psychologist

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Consumer Endorsed

Contact us

Perinatal Emotional Health Service
Hawthorn CMHC
642 Burwood Road
Hawthorn East
VIC 3123

Email: PEHS@svha.org.au
Call: (03) 9231 5900

Other helpful contacts

- PANDA Helpline: 1300 726 306
- Parentline: 1300 301 300
- Beyond Blue: 1300 224 636
- Lifeline: 13 11 14
- St Vincent's Triage: 1300 558 862

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Perinatal Emotional Health Service

ST VINCENT'S HOSPITAL MELBOURNE

Referrals/Contact Us

- Referral form /contact us via email/phone
- PEHS@svha.org.au

- Ling.chua@svha.org.au
- Alana.pisani@svha.org.au
- Rebecca.mcstay@svha.org.au

- Hawthorn Community Mental Health service
  642 Burwood Road, Hawthorn East, VIC 3123
  (03)9231 5900