

Aberlour Perinatal Befriending : Unique, Supportive and Empowering

Session Outline

- **Service Aims**
- **Understanding of Perinatal Mental Illness**
- **Befriending Approaches and Outcomes**
- **My Befriending Journey**
- **My Lived Experience**
- **Q & A Session**

Aberlour Perinatal Befriending Support



Service Aims

- Improve parents' mental health and well-being
- Support positive relationships between parents and their babies
- Reduce social isolation for families
- Increase parents' self confidence by working with volunteer befrienders



Partnership working



- **As part of the Integrated Care pathway, the service works in partnership with NHS Forth Valley services, primarily midwives, health visitors, GPs, and the Perinatal Mental Health Team**
- **The Service also works alongside family support services from the local authority and third sector organisations**
- **The Service can work with families from conception to the baby's first birthday.**



What do you know about Perinatal period ?



For the purpose of our Service, we are in keeping with Aberlour's model i.e. from conception to a child's first birthday

Use of the term 'Perinatal' was first known in the year :

1952



What do you know about Perinatal Mental illness?



- In Scotland the term perinatal mental health is used to cover all mental illness during the ante and postnatal period
- Within NHS Forth Valley, the term postnatal depression **should not** be used as a generic term for all mental illness following childbirth.
- There is a wide spectrum of illnesses that can range from 'Baby Blues' to Post Partum Psychosis.



Perinatal Mental Illness

- Perinatal mental illness includes a range of illnesses and symptoms, which means individuals can struggle to recognise that they are ill
- Motherhood is idolised in most societies and cultures, and the media portrays it as happy, easy and successful; if our experience does not measure up, we can blame ourselves and feel a failure
- Failure to recognise perinatal mental illness can have tragic consequences for mothers, babies, partners, other children and family
- Mental Health related deaths are now the leading cause of maternal death in the first postnatal year.

Perinatal Mental Illness

- Can start during pregnancy or any time up to the baby's first birthday
- Ranges from mild to severe
- Affects between 10 and 15 % of mothers
- Those conditions which are commonly encountered as a result of perinatal mental illness include:

Depression

Anxiety

Panic Disorder

Phobias

Obsessive Compulsive Disorder (OCD)

Post Traumatic Stress Disorder (PTSD)

Severe Perinatal Mental Illness



- ***Puerperal psychosis*** is a more serious mental illness which affects between 1 - 3 women per 1000 = 0.1 – 0.3%
- They may need treatment in hospital, may need powerful drugs and intensive treatment as they may present a risk to themselves and others.
- Also known as ***postpartum psychosis*** , it is the most acutely severe form of postnatal illness – which also has the greatest potential for prediction (NHS Forth Valley)
- Typically presenting in the early postnatal period, usually within the first month of childbirth (NHS Forth Valley)



Antenatal Depression/Anxiety

- It is thought to be as common as postnatal depression, but is diagnosed less often as it is often dismissed as “normal”
- A significant proportion go on to suffer postnatal depression/anxiety
- Symptoms of depression in the perinatal period are the same as depression at any other time. Feelings of guilt and worthlessness may focus on the maternal role.

Antenatal Depression/Anxiety

- Research (particularly by Dr Vivette Glover) suggests antenatal depression and anxiety does affect the unborn child
- The research found that if the mother is anxious, her placenta may be a less efficient barrier to the stress hormone cortisol. Higher levels of this are known to change the pattern of development of the foetal brain.
- GOOD NEWS: Most children of even quite anxious women are **not** affected.
- But if she is in the **top 15% most anxious** of the population, there is twice the risk of her child having symptoms of ADHD, conduct disorder, or anxiety and depression.

Possible Impact of Antenatal Depression/Anxiety

- **It is associated with increased incidence in children of:**
- Anxiety and Depression
- Behavioural problems (ADHD, conduct disorder)
- Impaired cognitive development (especially language)
- Sleep problems in infants
- More difficult infant temperament
- Being bullied in childhood
- Autism and schizophrenia (less hard evidence)
- Asthma/altered immune function

Baby Blues and Baby Pinks

Baby Blues

- Common characteristics include: irritability, emotional liability (tearful and sad one minute, elated and happy the next), anxiety, feelings of guilt and loss, difficulty sleeping, and poor appetite
- Between **50 - 80%** of mothers experience a period of the blues within a week of birth which lasts two to three days, but can lead on to postnatal illness
- Likely caused by hormonal change, but can be linked to problems establishing breastfeeding, coping with change, or other factors

Baby Blues and Baby Pinks

Baby Pinks

- Characterised by: overactive behaviour, racing thoughts, irritability, poor concentration, difficulties sleeping, poor appetite and anxiety
- At risk of “doing too much”, leading to exhaustion and depression
- Between **10 - 16%** of women experience a period of unusual elation following birth which lasts between 2 and 4 days
- Likely caused by hormonal changes

Befriending Approaches and Outcomes

Role of Perinatal Co-ordinators



- Review of family situation to determine whether befriending is an appropriate intervention
- Training the volunteer befrienders
- Matching befrienders with families
- Ongoing review and monitoring of the families being supported
- Undertaking assessment of mental health and well-being of mother using the following tools



Aberlour Perinatal Befriending Support



Perinatal Outcomes Booklet
Measuring the progress you make

Assessment Scales / Outcome Tools:

- **Hospital Anxiety and Depression Scale (HADS - Zigmond & Snaith, 1983)**
To determine the levels of anxiety and depression that a parent is experiencing.
- **Maternal Social Support Index (MSSI – Pascoe et al 1988)**
To assess qualitative and quantitative aspects of a mother's social support
- **Prenatal Attachment Inventory (PAI - Muller, 1993)**
To assess the level of expectant mother's attachment with her foetus.
- **Mothers Object Relations Scale (MORS-SF - Oates and Gervai, 2003)**
To gather parental perceptions about the child and monitor the developing parent-infant relationship.
- **General Self-efficacy Scale (GSE - Jerusalem & Schwarzer, 1995)**
To assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events.

Top 10 Tips for Mental Health

1. **Be active** – healthy body, healthy food and healthy mind
2. **Nature is nurture** – get outside and enjoy the sunshine
3. **Try something new** – take an interest in a new hobby, course or activity
4. **It's good to talk** – pick up the phone
5. **Believe in yourself** – be proud of who you are and what you're good at
6. **Make time for yourself** – “me time”
7. **Get your 40 winks** – a good night's sleep helps emotional wellbeing
8. **Reflect** – remember something you're proud of having achieved today
9. **Don't take on the world in a day** – small steps, small targets
10. **Don't be afraid to ask for help** – talking about your feelings is part of staying healthy

Perinatal Befrienders Training

- Attend 7 x 3 hour practice development sessions
- Understanding Perinatal mental illness
- Attachment Theory and its origins
- **Listening skills : a key role for perinatal**
- Getting it right for every child (GIRFEC) & Protection of children and vulnerable groups
- Domestic Abuse
- Aberlour Induction
- Rosenberg Self-esteem scale for Befrienders
 - To evidence what impact of being a perinatal befriender has had on their personal and professional development
 - Undertaken 4 x times

The role of the Perinatal Befriender



Responsibilities:

- To attend the Volunteer Befrienders Training
- Undergo an enhanced PVG and reference checks
- Keep regular contact with the befriender; meet once a week for a minimum of 3 hours;
provide high quality listening
- Support the befriender to access local services
- Attend 1:1 social care supervision approximately every 8 weeks and group supervision every 3 – 4 months
- Keep records as directed by the Perinatal coordinator
- Maintain confidentiality
- Uphold Aberlour values
- Attend any additional training sessions as identified by the Perinatal coordinator



Advice giving ??????

- Parents have commented that they do receive advice from family members, GPs, Health staff, Family Support services etc, and while this is important it can be overwhelming at times.
- The role of the Perinatal befriender is to focus on listening to the parent without ‘ moving into giving advice’.
- Perinatal befrienders receive listening skills training which includes NOT giving advice.

Advice giving ??????

- The exception to not giving advice is when there are actual or potential risks to the safety and well-being of the parent or child.
- In these instances the perinatal befriender would be advising the parent to seek help from GP, Community Psychiatric Nurse, Midwife, Health Visitor.
- Any concerns are shared with the Perinatal Co-ordinator who then take steps to share appropriate information with relevant professionals.

Feedback from key NHS partners

“Great service that complements the women's journey allowing her to have support to access community opportunities that can't be provided from a secondary care perinatal mental health service”

“When we have women on our caseload with limited informal support the befriending service is invaluable to decrease social isolation, which helps to improve confidence, self esteem and mental health.”

“Really good service that our patients get benefit from. The matching process can be lengthy at times but we know this is to ensure the befriender is a perfect match.”

My Befriending Journey

My Lived Experience

Thank you for listening

Q & A Session