

# 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