Mothers' Mental Health Toolkit

A Resource for the Community

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Mental Health Toolkit

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A mother's mental health
is critical to the physical, mental, and
emotional wellbeing of herself and her children.

The adjustment to mothering is always a big step in a woman's personal development. Significant mental and emotional problems are one of the most common complications of childbirth, affecting at least two in ten women.

How do our communities support women in adapting
to the demands of the job of mothering in the face
of a mental health problem?

This toolkit was developed as a public resource for community service providers and families for education, advocacy, and treatment support for mothers with mental health problems. The materials are drawn from general medical and clinical knowledge and the particular experience of the prinicpal developers, together with a wide variety of information in the broad public realm. Included are original descriptions and writing from the author/developers. Where possible effort was made to provide specific acknowledgement of other original sources. As well, we have included general lists of references and resources, print and web-based. The toolkit was not developed for commercial purposes and is not intended for commercial use.

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List of Sheets for the Women

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ACKNOWLEDGEMENTS

The *Mothers' Mental Health Toolkit* was developed by Dr. Joanne MacDonald and Coleen Flynn, MSW, RSW, of the Reproductive Mental Health Service, IWK Health Centre. They were assisted by Cheryll Fitzpatrick, BSc Psychology, and by Roxanne Manning, Natasha Horne, and Caralee McDaniel, staff members of the Dartmouth Family Centre. The IWK team is supported by the IWK and Capital District Health Authority Mental Health Programs and the Dalhousie Department of Psychiatry. Professional writer Renée Hartleib and editor/graphic designer Nancy Roberts provided additional assistance.

The Reproductive Mental Health Service is the only interdisciplinary specialty mental health team in the Atlantic Region, providing expertise in mothers' mental health education and evidence-based treatments, while serving pregnant and postpartum women and their families. The service provides consultation and assessment to women throughout Atlantic Canada and treatment initiation and primary mental health care to mothers from the Capital District and beyond in Nova Scotia.

The Dartmouth Family Centre is a non-profit organization providing preventative programs and services to support and strengthen families primarily in the neighbourhood of Dartmouth North. The mission of the Dartmouth Family Centre is to create a safe and welcoming place where all community members feel accepted and valued and where families can get the support they feel is needed to enhance their lives. Its primary activities include pre- and postnatal support, child development, parent-child interactive programs, and parenting support.

The Centre has operated a Community Action Program for Children (CAPC) project since 1993. CAPC provides long-term funding to community coalitions to deliver programs that address the health and development of children (birth to six years) who are living in conditions of risk. It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building.

The Mothers' Mental Health Toolkit is part of a broad collaboration with four stages:

- research on existing resources
- consultation with the community around issues of need and priority
- development of the toolkit as a community-driven resource
- training of CAPC/Family Resource Centre staff in the use of the toolkit and in issues in mothers' mental health

An initial literature review of existing maternal mental health resources was carried out by Coleen Flynn, Dr. Joanne MacDonald, and Cheryll Fitzpatrick. A needs assessment was then conducted in five Atlantic communities through focus groups with women who participate in Family Resource Centres. The focus groups were led by coordinators of Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects, who also formed an advisory board that provided consultation and review throughout the project.

The Advisory Board members are:

Roxanne Manning, Caralee McDaniel, and Natasha Horne – Dartmouth Family Centre
Carla Hitchcock – Fredericton Regional Family Resource Centre
Kris Herron – Digby County Family Resource Centre
Karen Beresford – Exploits Valley Community Coalition
Laura Quinn-Graham – Family Place, East Prince Community Coalition Inc.
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Introduction
RATIONALE FOR A MOTHERS' MENTAL HEALTH TOOLKIT

Research in maternal mental health provides a clear call for the importance of increased support and intervention for the higher-risk women and children currently served by Atlantic Family Resource Centres. This Toolkit has been developed as a practical resource for women, their family and friends, and community service providers.

The definition of mother is broad, including biological and non-biological mothers, those with a male or female partner, single mothers, and relatives acting in the role of mother.

Mothering is one of the most important jobs in any community. Mothers provide food, safety, warmth, clothing, connection, love, and a sense of personal importance to the young children who have a critical dependency on them. Mothers also have the all-important job of shaping their children's fundamental sense of self-esteem, belonging, capacity, coping, responsibility, ability, and contribution to community.

A mother's mental health enhances her capacity to promote healthy practices emotionally and physically for her children, creates stability of self- and emotional regulation for young children, and supports strong parent-child attachment critical to behavioural regulation, self-worth, and resiliency in developing children.

The job of mothering can begin without training or mentoring, in circumstances of tremendous social stress. Yet mothering is often thought to be instinctive or something that can be improved upon by a few tips in a magazine. Many women speak of feeling unprepared for the job and being already exhausted by life stressors such as poverty, mental health issues, racism, or a history of abuse, to name a few.

Unwell mothers can be found in all sectors of neighbourhood, region, economic status, education, race, ethnicity, language, and belief. The most vulnerable women lack the family, personal, and financial supports to buffer the impact of a mental health issue on their function.

When mothers have chronic or untreated mental health problems their children have demonstrated delays in educational, physical, and emotional development. This affects our communities and our society at large.

Challenges to mothers' mental health are identified every day by the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects and their community colleagues. Formal mental health services throughout the Atlantic region are in high demand and deficits in primary health care are identified in both rural and urban communities.

Women may not know how to describe their mental health issues or where to seek help. We know that gender can be a determinant of mental health. Women are more likely to experience violence, live in poverty, and still carry the bulk of responsibility for child-rearing. Many women have had difficult or traumatic life experiences, which may influence their efficacy and confidence in mothering.

A woman is at the highest risk in her lifetime of developing a new mental illness in the first year after a baby is born. At least 15 per cent of new mothers experience significant postpartum mood disorders and many more report important difficulties in coping and adjusting.

Sixty to seventy per cent of women with a serious postpartum mood disorder have no previous history to alert them, so the illness takes them and their partners and families by surprise, often at a time when everyone expects a new baby to bring happiness into the family. It is concerning that 50 per cent of women with a postpartum mood disorder never seek treatment. Without treatment and support, 30 per cent will remain chronically affected and symptomatic, limited in their capacity to mother, to work, and to engage in their community.

We don't yet understand all the factors that keep women from seeking help or treatment. Experience and research suggest these are major factors:

- limited understanding of mental health issues
- lack of awareness of options
- stigma
- low self-worth
- limitations of finances and transportation
- fear that her child will be taken from her care

With other illnesses, a woman might be "put off the job" to allow for treatment and recovery. It is very difficult to be given a break from the job of mothering without a lot of understanding and support from other people in the mother's life. For physical complications of pregnancy or childbirth, we would promote healthy practices; monitor for difficulties; and recommend full and timely assessment, interventions, and treatments to limit the impact of the illness. The same is necessary for a return to good mental health.

Community service providers can be critical in highlighting the importance of mothers' mental health, providing an opportunity for women to examine their strengths and their concerns, screening for difficulties, and helping with access to or provision of mental health care.

Examples of community service providers include but are not limited to public health nurse, general practitioner, mental health therapist, Family Resource Centre staff and CAPC/CPNP.

All providers serving women and families can play a role in educating women about postpartum mood disorders – letting them know the experience is common, reducing stigma, and advocating for interventions and treatments. Every woman works through change more productively with active support, which community service providers are ideally positioned to provide.

The Mothers' Mental Health Toolkit is a collaborative, community-based project intended to bring together service providers and mental health professionals with an interest in promoting the emotional development and enhancement of mothers in our region, with a focus on our particularly vulnerable mothers. Included are tools that can be used by the service provider to lead discussion and by the woman directly. They focus on wellness promotion as well as on symptom identification and illness interventions.

The Mothers' Mental Health Toolkit project team was interested in broadening the capacity of our community to recognize risk, promote the visibility and importance of mental health of women parents, and reduce the impact on young children. The approach is a strengths-based one where the dimensions of body, mind, emotion, understanding, and connection are all taken into consideration.

To confirm and sharpen our understanding, the Toolkit team facilitated focus groups to gather real women's experiences in the Atlantic Canadian community. The focus group results highlighted areas forimprovement in connecting with and serving mothers in need. Appendix 5 contains the explanatory material and focus group questions used. Appendix 6 presents the focus group results.

In addition, a service provider survey was created by the co-coordinators and program assistant. The thirteen respondents represented the following service-providing occupations: psychiatry, social work, public health nurse, family practice nurse, transition house worker, medical student, mental health therapist, and family support worker. The survey introduction and questions appear in Appendix 8 and the results in Appendix 9.

Both the focus groups and the survey highlighted the need for information and services focused on maternal mental health. Deficits identified ranged from supportive treatments for women and children to emergency services for families dealing with mental illness.

The Mothers' Mental Health Toolkit is a hopeful first step toward a broad engagement of service providers and community resources in the promotion of mothers' wellness and advancement.

HOW TO USE THE TOOLKIT

The *Mothers' Mental Health Toolkit* is intended as a practical resource for women directly, for their family and friends, and for community service providers. It is a combination in a workbook format of newly developed materials with edited, referenced existing resources. It includes materials for mental health promotion, education, screening, intervention, and advocacy.

The Toolkit contains materials for service providers and for use directly with and by women, and the two types of material are distinguishable by their different styles. Materials for the women are listed by title immediately after the Contents. In the text they have an oval around their page numbers and a distinct type style for their titles.

The initial sections begin with a focus on mothers' general adaptation to motherhood and with the principles of wellness and self-care. Then further definitions of elements of risk for mental health problems is offered, as well as potential screening tools for problem definition or possible diagnosis. Interventions and treatments are simply explained and additional supportive care described around emotional coping, relationship stability, and parenting as part of a holistic recovery plan.

The Toolkit can help in developing and protecting a mother's mental wellness, help her recognize and describe distress and altered function, and provide a community starting point for encouraging women to seek assessment and care within primary or mental health services. It is not a diagnostic or treatment manual, but can support the description of the problem and guide a process of recovery.

The Toolkit can be used by CAPC/CPNP projects or other community groups and agencies as a source of background information for the service provider working on a particular problem with an individual woman. The project team was interested in broadening our community capacity generally to acknowledge mental health problems, recognize risk, promote the visibility and importance of mental health for women parents, and reduce the impact on their young children. The materials could be used to create community education presentations or projects, highlighting the dimensions of mothers' emotional challenges, necessary supports, and vulnerability to particular illnesses.

The information is designed to be general and universal in many respects, but cannot be entirely comprehensive or inclusive. Future adaptations may be necessary to benefit particular populations or settings.

Please consult the Contents to be directed to particular sections. The List of Sheets for the Women that follows the Contents will help you go directly to a particular piece of information or self-exploring exercise for a woman.

1
Mothers' Wellness and Self-Care

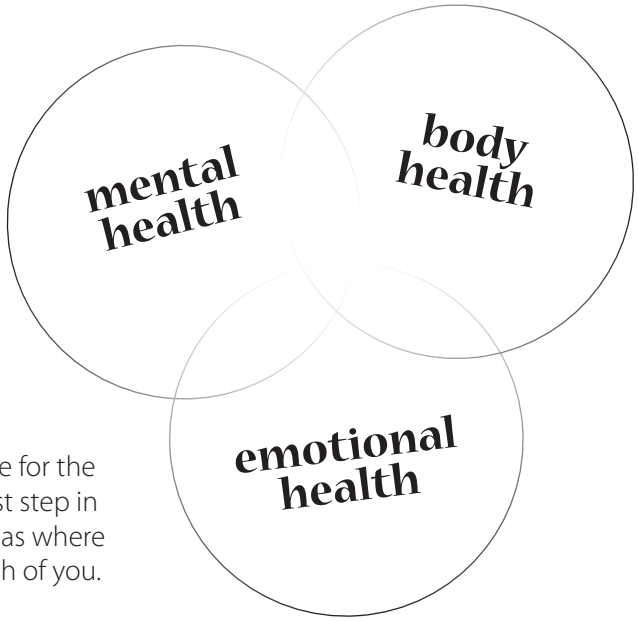
The importance of mothers taking care of themselves cannot be overestimated. If a woman is not well – in her body, mind, and emotions – she is more prone to physical illness and mental health issues, and she is also less likely to be able to provide the best care for her child(ren).

This wellness and self-care section covers the dimensions of

body health with information on nutrition, fitness/movement, and sleep

mental health with information on relaxation and stress management

emotional health with information on substance use and self-development



All of the information in this section is intended for use by mothers, either working and exploring with your help or taking worksheets home with them. It is recommended that follow-up review and support be given for work done by the woman alone.

The checklist on the following page is a good introduction to the general concept of self-care for the women you work with. Awareness can be a first step in helping women assess themselves and the areas where they most need help – defining a focus for both of you.

General Health #1

Self-Care Checklist

Being a mother is hard work. In fact, some call it the hardest job in the world.

It's important that mothers take care of themselves as well as their children. This checklist will help you figure out how you are doing at taking care of yourself and identify areas you might need help with. It is helpful to discuss this checklist with a support person or service provider; sometimes an outside view can make things clearer.

Adapted from www.houstonpostpartum.com/checklist.htm

General Health #1

Self-Care Checklist

	How are you doing now? 5 = best	How important is this item to you? 5 = most important	Do you need help with this? (√ for yes)	What would that help look like?
nutrition/food (do you think you're eating well?)				
movement/exercise (do you have time to go for walks or stretch?)				
sleep/rest (do you have time to recharge?)				
relaxation (do you get time to yourself?)				
stress (are you upset and/or anxious?)				
substance use (do you use alcohol, drugs, or cigarettes to cope?)				
self-esteem (how do you feel about yourself?)				

General Health #2

Your Body Health Is Important

Think back to when you last lost your temper or had a big melt-down. Now try to remember if your response might have been related to your toddler being up all night or the fact that you had a chocolate bar for supper.

When you're overtired or haven't eaten properly or your body is aching all over, you're more likely to get upset at something you'd normally be able to handle. It's all about balance. If your body feels okay, then you're not as likely to lose it, and that's better for everybody!

Body health includes things like:

- **getting enough sleep**
- **stretching and moving**
- **eating nutritious food that will keep you going**
- **cutting back on harmful habits**
- **relaxing from the hard work of mothering**
- **paying attention to any aches and pains that won't go away and getting help**

The chart that follows will help you figure out exactly how your body is doing and highlight any areas you might want to pay attention to. You may want to post this chart on your fridge so you remember to fill it out.

If you're a new mom, your doctor or other health provider should check on your health as well as your baby's. Take this list to your doctor to highlight your symptoms and concerns.

Sometimes women live in areas where it is difficult to access a doctor. If this is the case, please contact a community service provider such as a public health nurse, mental health social worker, or family resource staff person. With their help you may learn about what services are provided in your local area.

	daily	weekly	monthly	once in a while
headache				
tiredness				
dizziness				
breathing problems				
heart racing				
muscle aches and pains				
back pain				
tummy trouble				
bowel trouble (constipation, diarrhea)				
bladder/urine (burning, itching, pain when urinating)				
menstrual problems (irregular periods)				
gynecological issues (vaginal infections, pain or bleeding during sex)				
other? _____ _____				
other? _____ _____				

General Health #3

Medical Tests for New Mothers

Everyone looks to the needs of the babies and children. In a busy life the mom's health may be missed. Your doctor or health provider may need to check up on your health as well as your baby's.

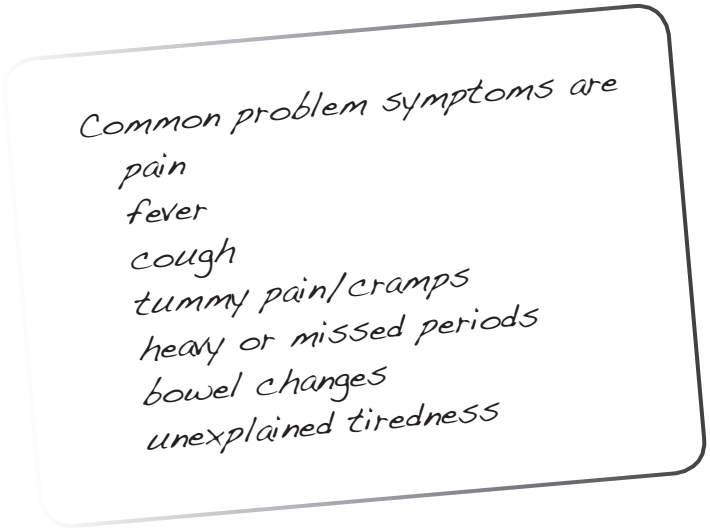
Blood work can check for infection, low energy in the blood, hormone balance problems, how the liver and kidneys are working, and cycles and periods.

Sometimes a **physical exam** helps to know the body is working okay.

Sometimes **x-rays** help show how our lungs, heart, and abdomen are working.

Signs you need a check-up:

- **symptoms that don't get better**
- **symptoms that are gradually getting worse**
- **symptoms adding on to one another**



General Health #4

Preparing for My Medical Appointment

For ME

Things to **tell** the doctor/practitioner about **my** health:

Things to **ask** the doctor/practitioner about **my** health:

For MY CHILD

Things to **tell** the doctor/practitioner about **my child's** health:

Things to **ask** the doctor/practitioner about **my child's** health:

Nutrition #1

Eat Well to Keep Going

Food is how you fuel up for the busy job of being a mother. The brain needs fuel and nutrients to think and manage emotion. Sometimes things get in the way of eating properly:

- **not having enough money**
- **feeling upset or overwhelmed**
- **not having the time**
- **worries about weight gain**

other things you have identified:

_____

_____

Tips that can help you fuel up:

- **Breakfast will start your day off right, helping your body and brain wake up.**
- **Figure out what time of the day you are most hungry and eat your biggest meal then.**
- **If you're not feeling hungry, try eating small amounts every few hours.**
- **Try to eat some of the foods with the highest nutrition value, such as milk and cheese, eggs, tuna/salmon, chicken, carrots, broccoli, whole wheat pasta, apples, and blueberries.**
- **Try to snack when you feed your children and carry snacks if you're out – whole grain crackers, apples, bananas, and granola bars can go anywhere.**
- **When you can, make extra food and use the leftovers the next day – they are easy to heat up and can save you time.**
- **Eat at least one fruit and one vegetable every day (frozen or canned can save you money).**
- **Drink water whenever you can! Try to cut back on caffeine and alcohol.**
- **If you can afford a multivitamin, they may help you get the proper amount of vitamins and minerals.**

Nutrition #2

Food and Money

Tips for grocery shopping on a budget:

- **Make a list and stick to it.**
- **Buy products when they are on sale and buy in bulk the items you use frequently.**
- **Try store-brand or no-name items; they are often the same quality as name brands.**
- **Buy local fresh fruits and vegetables (they are cheaper).**
- **Cook in larger batches and freeze or eat as leftovers (saves time** *and* **money).**

Family Resource Centre staff may be able to supply information on access to local food banks, information on nutrition, and programming that supports healthy eating.

If you are on some form of income assistance:

You may be able to get more money for food under the **special diet** provision of the income assistance regulations. Different amounts are given for different diets and you can ask for more than one special diet. To see the amounts available for each diet, go to **www.gov.ns.ca/coms/manual** and click on "Chapter 6 Special Needs."

Here's what you do next:

1. **Show the list of special diets to a doctor or dietician at the hospital/clinic.**
2. **Get a prescription for the special diets you need.**
3. **Bring the prescription to your caseworker.**
4. **The case worker will do the necessary paperwork to have the money approved and it will be added to your monthly cheque.**

Did you know?

In Nova Scotia, pregnant women and women with children under the age of one who are on income assistance are entitled to a monthly maternal allowance.

This allowance begins on the date you inform your caseworker of your pregnancy or birth, and continues until your child turns one.

Nutrition #3

Food Diary

When and what we eat can be a sign of how we're feeling about ourselves and our lives. Try exploring the link between the food you eat and your feelings. There can be patterns you are concerned about. Use this to show your health care provider.

Nutrition #3

Food Diary

date /time	meal/snack	place	thoughts	feelings
Friday, 10 p.m. (example)	*4 cookies*	*standing up in kitchen*	*I shouldn't be eating these*	*bored, lonely*

Exercise and Movement #1

Exercise with Baby!

Moms can't always find the time or place for physical activities. However, we all feel better when our bodies get regular activity and stretching. Movement can help with stress and tension and encourage better sleep patterns. A walk to the corner store or playing with your children counts as exercise!

If you're currently not active at all, try starting with 15 minutes a day and see if it helps improve your mood. Try it even when you feel tired, sad, or frustrated.

It can be very difficult to exercise on a regular basis while caring for small children. Here's some ideas for how to do both:

Dance with your Baby

Using a sling or carrier or just holding your baby in your arms, turn on some music (not too loud!) and free dance with your child.

If you have older children, they can dance with you too. Not only will you feel better, but your children are learning to enjoy rhythm, movement, and music and get some exercise too!

Crunch with Twist

Sit down on the floor with your knees bent and feet flat.

Hold your baby across your chest.

Sit up as tall as you can and then lean back until your stomach is tight.

You can hold this position for 10 or 15 seconds or do a slight twist in each direction and hold.

Interval Walking with Baby in Stroller

How to do it:

This walk is marked by two speeds. You'll start with one minute of walking at a moderately brisk pace (a 13- to 14-minute half-kilometre). At the end of one minute, switch to a very fast pace (a 12-minute half-kilometre) for a minute. You'll repeat each of these one-minute intervals five times.

Form facts:

When you're switching to the faster-paced walk, take shorter, quicker steps – don't lengthen your stride. And if you're walking alone or with your baby in a front carrier, pump your arms more rapidly to pick up speed. No matter what, don't slow down too much during the slower minutes – you still want to maintain a challenging pace.

Quick tip:

If you don't want to be constantly eyeing your watch, time your intervals using telephone poles. Simply switch paces after every five you pass. (You'll still need a watch or alarm to tell you when you've walked for the entire 10 minutes.)

Adapted from www.babyzone.com

Exercise and Movement #2

My Exercise Ideas

The best activities can be the ones you come up with yourself, because those are the things you're probably most interested in and likely to keep doing! Use this chart below to come up with some ideas of fun activities for you and/or you and your children. And then try it out.

activity idea	where?	with whom?	for how long?

Rest/Sleep #1

There's Nothing Like a Good Night's Sleep

Enough sleep can be difficult to get for mothers. Sleep allows our brain and body to regroup, with better mood control and stress tolerance as a result.

Rest may not be the same as sleep, but mothers need these time outs as well to recharge. Take small breaks. Do simple things you enjoy, that relax you, to reset your energy and interest.

Test this recipe for sleep.

Sometimes it is challenging for mothers to get a full night's sleep. If there is someone who can help with the baby at night, let him/her, and give yourself time to rest and recharge. However, if your children are sleeping through the night and you're still having trouble, here are some helpful tips:

- Try to reduce consuming caffeine, energy drinks, and smoking during the day.
- Avoid alcohol at bedtime as it can appear to relax you, but will actually disrupt your sleep during the night.
- Eat a small snack but not a large meal before bed.
- Take it easy at bedtime – nothing too active. Try a warm bath; warm milk; or deep, relaxing breaths.
- Try sleeping in the same place every night.
- Make any to-do lists early in the evening and then try not to think about problems that need solving or things that need doing.
- Try to use positive images where you picture yourself relaxing and sleeping well.

Here are some questions to help you become more aware of your sleep patterns. If you are worried about your sleep, please share this list with your doctor or health care provider.

How many hours do I sleep at night?_____

Is my sleep different from night to night? _____

Where do I sleep? _____

Who else sleeps with me? What is their sleep like? _____

_____

_____

What was my sleep style before I became a mother? Has it changed?

_____

_____

Do I have a routine for sleep? _____

Are there any substances that make me sleepy? Or make me more alert?

_____

_____

Is there anyone who could help out so I can get more rest?_____

Do I have nightmares or anything unusual happening in my sleep? _____

Have I ever taken medications to help with sleep? _____

Do I sleep in the daytime? _____

Are there any situations where I make my own rest and sleep come first?

_____

_____

Relaxation #1

Other Women's Relaxing Ideas

Relaxation means different things to different people. For some, it means sleep. For others, it means a vacation. And for others, it means a break from worrying and feeling stressed.

Here are some ideas that other women have come up with to relax:

" I lie down and at least rest while the baby sleeps; then I do some jobs."

"Once or twice I've had to go to the bathroom to find a few minutes for myself."

"Music always takes me away; sometimes I dance by myself!"

"Sometimes I need to just sit and not do **anything**."

"I sit back and watch my favourite show; even if I have to tape it."

"I try to close my eyes and think of old times that give me a laugh."

"I'll try to screen phone calls, because I can only deal with certain people right now."

"I'll make a list for the day, but leave some free time. "

It's important to take care of yourself, even while you're taking care of your baby or other children. As a mother, you'll find that you just can't get as much done as you used to and that's okay.

And even if there are other things undone, it might help to take time for a relaxation exercise like the ones on the next page.

Sample Relaxation Practices

Lie down on the floor and stretch out your arms to the side, your legs slightly apart. Close your eyes and picture lying in a large clean empty room with a very easy breeze coming in the window. You can hear waves softly coming outside and a few birds calling.

Stretch your arms out as though you can touch the side walls and then relax them there.

Next, point your feet towards the end wall, hold, and then relax.

Stretch up through your neck and reach the very top of your head towards the back wall.

Now, just let your body go where it wants and breathe out like you're softly blowing out a candle.

Controlled breathing exercises can help your whole body and mind relax. Sit or lie in a comfortable position for you. Close your eyes or stare at a pleasant object in the room that doesn't move. Imagine your body as a balloon.

Breathe in through your nose and out through your mouth as slowly and evenly as possible. Fill the balloon up with air until it feels slightly uncomfortable and tight. Hold that breath briefly. You'll feel you shoulders rise. Like blowing out a candle, begin to let the air out of the balloon, all the way until your lungs feel almost empty. Your shoulders will relax down as
the air goes out.

Repeat the rhythm of breathing in and out as slowly and deliberately as possible for 5 to 10 minutes, trying to focus on how your body feels as you do this. Busy thoughts may try to come in, but put them aside to focus back on your important job of only breathing.

Stress Management #1

Stress

The bills are due but there's no money. Your baby has to go to the hospital in the middle of the night. The principal wants to meet with you to discuss your son's behaviour at school. These are just some examples of stressful situations.

Even positive changes may cause us to feel a certain amount of stress; adjusting to changes affects us all. Everyone has stress in their lives – the situations just look different.

Managing stress is important to mental wellness and coping. Here are some things to keep in mind when you're dealing with stress.

Focus on what you **can** do, not what is wrong. Taking a few simple and positive steps will make you feel better about yourself and your ability to cope.

- **Brainstorm possible solutions (doing this with a friend can be fun).**
- **Break your problem down into manageable chunks.**
- **Make a plan with steps and put it into action.**

Get support.

- **Resist the urge to give up or run away.**
- **Try not to bottle up your emotions; express your feelings by talking or writing them down.**
- **Ask for help from family or friends (child care, daily tasks).**

Take care of yourself.

- **Eat healthy foods and drink lots of water**
- **Do something active every day.**
- **Plan fun activities.**
- **Spend time with people who love you.**
- **Try to get a good night's sleep.**

If your strategies don't change your experience of stress, you may want to find professional help.

There are many places you can go for help, including your family doctor or a drop-in health clinic. If you feel you might harm yourself or someone else, let someone who cares about you know what is happening so they can help keep you and your loved ones safe.

Please speak to your health care provider about local resources that provide parenting support.

There is no one way to cope with stress. Different coping actions work for different people. Try out some options to see what helps you!

Stress Management #2

Could I be overstressed?

Signs of stress may include changes in your body, actions, emotions, and thinking. Identifying these changes may help you better manage your stress.
Check any that apply to you below. If you check yes to most or all of these items then you may want to speak with a health care provider about ways to manage stress. This could include groups run by mental health providers, self-help groups, or individual counselling.

Changes in my body

_____ My muscles feel tense.
_____ My breathing and heart rate feel quicker.
_____ I'm having headaches or stomach aches.
_____ I'm seeing changes in my sleep or appetite.
_____ I've had diarrhea.
_____ I'm feeling tired.

Changes in my actions

_____ I'm using more alcohol.
_____ I find myself withdrawing from others.
_____ I'm smoking more.
_____ I'm drinking more coffee.
_____ I'm using other drugs.
_____ I don't have as much patience as usual.
_____ I've been avoiding situations that are stressful.
_____ I keep fidgeting.

Changes in my emotions

_____ I feel worried and confused.
_____ I'm angry and irritable.
_____ I'm sad and depressed.
_____ I feel like I can't cope.

Changes in my thinking

_____ I'm having trouble concentrating, remembering, makingdecisions.
_____ My thoughts are racing.
_____ I've lost my self-confidence.
_____ I have a negative attitude towards myself and my life.

Adapted from Wellness module 2: stress and well being. Primer Fact Sheets | 2009 | Stress | www.heretohelp.bc.ca

Stress Management #3

Balancing Needs and Saving Energy

In times of stress, it's important to focus on what needs to be done and what can wait. Try using this chart to help you make things easier to manage.

daily tasks (have-to)	things that can wait until another day
feed the baby (example)	*three days' worth of laundry (example)*

It's important to make taking care of yourself a priority.

List a few things below that you could do today!
Try 10- or 15-minute activities so they will feel manageable.
Notice if you feel less stressed after you do one of them.

Go for a walk with the children (example)

Make myself a cup of tea (example)

Stretch out on the floor and focus on breathing deeply (example)

Substance Use

Substance use can be a complicated and sensitive area to explore with women. Substance use problems could warrant a separate detailed toolkit of resources created with the help of addictions experts.

However, substance abuse is an important area to consider in your work with a woman. Increased use and addiction often coexist with mental health concerns. Substances may change mood and thinking. There may be an opportunity for education and advocacy around substance use.

A mother may be reluctant to disclose substance use for many reasons. Women speak of the shame and stigma they feel.

A mother's use could have implications for child safety. She may not speak fully about her use because she fears her children will be taken into care.

It can, however, be helpful for a community service provider to include and open up the area of substance use for reflection and self-assessment. You could make available contact numbers and resources in your area that would assist a woman with substance concerns.

Included in this section for the women are some simple and widely described screening questions. Women should be encouraged to discuss their results and their concerns confidentially with their health care provider or directly with an addictions services staff person.

Below are some points particular to women's experience with alcohol and drug use:

- **Substance use problems often get worse during a life crisis such as divorce, a death, or financial problems.**
- **Motivation to control substance use in pregnancy is high, but relapse risk is particularly high after the baby is born.**
- **Women with substance use problems often have a history of previous physical or sexual abuse or currently live in an abusive relationship.**
- **Women with problem substance use are more likely to experience sexual violence when intoxicated by or dependent on a substance.**

- **Some women with depression may use alcohol or drugs to try to feel better, but in the end worsen their depression.**

- **Women entering treatment for substance use problems are more likely than men are to have made a previous suicide attempt.**
- **Women with substance use disorders often experience them in combination with other mental health disorders, including eating disorders.**

- **Women's dependence on alcohol often develops later in life than men's does.**

- **Substance abuse has a greater impact on women's physical health than on men's, particularly with alcohol.**

- **Heavy drinking in women has been linked to a higher risk of menstrual disorders, dementias, and some cancers.**

Substance Use #1

Exploring My Substance Use

Most of us use substances of various types in our daily life, such as coffee to wake up and get going, a cookie to treat ourselves, or a drink when relaxing with friends.

Sometimes a woman will use a substance to help cope with difficult feelings or situations. Sometimes women have used substances and it didn't seem to cause problems.

Substance use problems exist side-by-side with other mental health problems. Sometimes the a woman's use of drugs and alcohol is connected to life trauma and abuse she has endured.

But during pregnancy or when raising a young child, a mother may have new concerns about her substance use. Other people may be very critical of a mother using alcohol or substances. You may not know how to tell whether your use could be a problem or you may feel worried and guilty to admit this kind of problem. Many women fear their children could be taken from their care if they seek help for a substance use problem.

Perhaps you've wondered if you could have problems with drugs or alcohol. Other potentially addictive habits involve gambling or compulsive eating. Do you ever use substances as the only way to escape, relax, or reward yourself? Could alcohol or drugs be causing you harm physically, mentally, emotionally, or spiritually? Sometimes problems in relationships, at work or school, with finances, or with the law can increase as substance use increases.

You could try a test or quiz privately to see what you can learn about yourself and substances. There are three different ones here: CAGE, CRAFFT, and HALT.

The CAGE questionnaire is a well-known simple screening test that was developed for alcohol use, but can reflect on other drug use as well.

C Do you ever feel you should CUT down on your alcohol (drug) use?

A Do you feel ANNOYED when you face criticism for your alcohol (drug) use?

G Do you feel GUILT about your alcohol (drug) use?

E Do you have to have an "EYE OPENER," additional alcohol, in the morning to feel better after drinking the night before? (Can apply to needing more of a drug as well to keep away withdrawal signs)

J. A. Ewing (1984). Detection of alcoholism: The CAGE questionnaire. *JAMA 252:* pp 1905–1907.

CRAFFT is another series of questions, originally written to help teens understand their substance use.

C Have you ever ridden in a CAR driven by someone who was high or drinking a lot?

R Do you ever use drugs or alcohol to RELAX, feel better about yourself, or fit in?

A Do you ever use when you are by yourself, ALONE?

F Do your family or FRIENDS ever tell you that you should cut down?

F Do you ever FORGET things you did while using alcohol or drugs?

T Have you ever gotten into TROUBLE using alcohol or drugs?

www.ceasar-boston.org/clinicians/crafft.php

You may be trying to cut down or stop your use of a substance and need to understand situations or states that make you more likely to use.

High-risk situations that other women have identified are listed below and can be remembered by the letters HALT:

H HUNGRY

A ANGRY

L LONELY

T TIRED

www.addictionsandrecovery.org and www.nida.nih.gov

Is your use ordinary or a concern?

It can be difficult to tell. Screening tests or questions simply help you consider your use. They don't diagnose an addiction exactly.

However, you can learn more on your own, thinking calmly within yourself about your use, and then speaking confidentially with your health care provider about it. They may be able to direct you to resources available for women in your area.

Substance Use #2

Substance Use Checklist

Your answers to the checklist below could give you more insight on the role of substance use in your life.

Have you had these experiences through substance use?

- ❍ **a risk of physical harm, such as falling or driving drunk**
- ❍ **trouble in your relationships with family or friends**
- ❍ **failing to perform as usual at home, work, or school**
- ❍ **becoming involved in legal problems**

One or more answers checked could show an **ABUSE** problem

- ❍ **having not been able to stick to your own promise to limit your use**
- ❍ **having not been able to cut down or stop**
- ❍ **having to use more of the substance to get the same effect**
- ❍ **showing physical and emotional signs when my body is withdrawing from the substance**
- ❍ **keeping on with the use despite its causing major problems**
- ❍ **spending a lot of my time doing the substance**
- ❍ **missing out on activities I like or should do because of using**

Three or more answers checked could show a **DEPENDENCE** problem

www.nida.nih.gov and www.who.int/substance_abuse.html

You can begin to handle substance use problems by considering your own concerns and the possible effects on your life as a mother. Taking charge of your use of substances can greatly help with your mental health concerns. You can begin with self-awareness and self-care. Ask your service provider for addictions resources and contacts in your area.

Self-development #1

Who Am I?

A clear and strong sense of self prepares a woman for mothering. How you feel about yourself can be described as self-esteem. When you don't have good self-esteem, you may put other people before yourself, make poor decisions, form relationships with people who do not treat you well, or distrust your own emotions.

Certain life events, such as becoming a mother and tackling the many challenges of parenting can make already shaky self-esteem worse. This new role might affect your confidence and ability to cope.

A positive sense of self isn't the same as thinking too much of yourself, putting yourself before others, or having unrealistic ideas of your life and needs. Investing in yourself can strengthen your confidence and improve your self-esteem as a woman and as a mother.

One of the ways we can challenge the negative thoughts about ourselves is to deliberately focus on our positive qualities. To do that, we must become more aware of ourselves. The following questions will get you thinking about yourself, your past, and your present life.

Try answering the following questions to describe yourself.

My friends would say the best thing about me is _____

_____.

My favourite thing to do as a child was _____

_____.

I spend a lot of time _____

_____.

My pet peeve is _____

_____.

I admire _____ because _____

_____.

I am proud of _____

I think it is unfair when _____

In the future, I would most like to _____

_____.

I believe the most important thing a mother can do for her children is

_____.

One thing I would like to change about myself is _____

_____.

Self-development #2

What kind of person can I become?

Sometimes imagining who we would like to be helps us become that person. The following are questions to help with that process.

Imagine a person who is a great friend and strong woman.
What would she be like? Describe her.

Are you anything like this woman?
What would you need to change to be more like this woman?

Would it be worth trying these changes?
What would make it difficult to change?

2
The Mothering Role

Becoming a mother is a big change in a woman's life. Every woman needs support during this time. For women with mental health issues support is particularly important and known to be beneficial.

This section will focus on areas of support that are essential to motherhood adjustment.

They include:

- **definitions and realities of motherhood**
- **attachment development**
- **building social supports**
- **emotional coping strategies**
- **relationship health**
- **parenting**

Definitions and Realities of Motherhood #1

The Many Hats of Motherhood

Throughout a woman's life she has many different roles. As a teen you might have been a friend, granddaughter, student, employee, or team mate. As a mother you will again have many different roles. Some people would call that "wearing many hats." Below are some of the "hats" mothers wear, parenting children of all ages. Maybe you can think of others.

Mother as Provider

Provides food
Provides warm, safe place to sleep
Provides medical care
Provides fresh air

Mother as Protector

Protects from falls or injury
Protects feelings
Protects from harm from others

Mother as Caregiver

Gives attention to her babies
Gives hugs and kisses
Gives care when something hurts
Gives praise

Mother as Educator

Teaches self-love and worth
Teaches respect and kindness
Teaches safety
Teaches good ways to cope with all feelings

Mother as _____

_____
_____
_____
_____

Mother as _____

_____
_____
_____
_____

Adapted from Solchany, JoAnne E., *Promoting Maternal Mental Health during Pregnancy : Theory, Practice & Intervention. S*eattle, WA: NCAST Publications

Definitions and Realities of Motherhood #2

Common Thoughts about Motherhood – True or False?

"I feel like I should always know exactly what my baby needs … Like all other mothers know more than me". — Client, Reproductive Mental Health Services, 2010

Do you believe these ideas?

Mothers **always** know why their babies cry.

Mothers **never** feel frustrated with their infants.

Mothers **have to do all** baby care in order to bond.

Mothers **have to be perfect** or their children will grow up to hate them.

All mothers **automatically** love their babies from the first moment.

Wanting breaks from caring for your children makes you **bad** mother.

Mothers should **never** feel sorry for themselves.

Feeling like you want to **escape** makes you a bad mother.

Breastfeeding is the **only** type of feeding that provides the baby with both the necessary nutrition and interaction needed for healthy development.

These statements are **false**. However, you may have heard them from friends, family or in the community

Adapted from Solchany, JoAnne E., *Promoting Maternal Mental Health during Pregnancy : Theory, Practice & Intervention. Se*attle, WA: NCAST Publications

Definitions and Realities of Motherhood #3

The Real Job of Mothering

Here is how some women have described the job of mothering.
Can you relate? Can you add to the list?

- **a 24-hour shift**
- **morning, noon, and night on call**
- **no coffee breaks**
- **no co-workers**
- **no job training**
- **not on your own schedule**
- **little time off**
- **sometimes boring**
- **little praise some days**

Attachment Development

The term "attachment" is used to describe the emotional connection that develops between caregivers and children. There are varying levels (or patterns) of attachment, all with lifelong consequences.

Studies show that an infant's perception of the mother's response to signals of distress is one of the most important contributors to their pattern of attachment. Simply put, attachment is based on the caregiver's role as "protector" of the child.

The four patterns of attachment are:

- **Secure** attachments are associated with sensitive and emotionally available caregiving.
- **Ambivalent/resistant** attachments are related to inconsistent caregiving.
- **Avoidant** attachments are related to chronic rejection.
- **Disorganized/traumatic** attachments are related to frightened or frightening caregiving response with limited sense of safety for managing stress.

A parent who attends to their infant in a sensitive, supportive manner and is open to the **full range** of her child's needs will ensure a secure attachment between herself and her child. One of the keys to positive child outcome is a mother's ability to know and read her particular child. A secure attachment allows the woman to trust her own mothering instincts and decisions.

The three most important times for a mother to respond to her baby's crying are:

- **when they are sick**
- **when they are hurt**
- **when they are upset**

The following exercise is to be shared with mothers; it focuses on enhancing attachment between a mother and her small child.

Sources:

Bowlby, J. (1969). ***Attachment and Loss: Volume I. Attachment***. New York: Basic Books.

Benoit, D. Goldberg, S. Wolpert, R. (1998). A Simple Gift: Comforting Your Baby. Mental Health Promotion Project, Department of Psychiatry, The Hospital for Sick Children, Toronto.

Ainsworth, M. D. S., Blehar, M., Water, E., & Wall, S. (1978). ***Patterns of Attachment.*** Hillsdale, NJ: Erlbaum.

Attachment Development #1

Building a Strong Bond with Your Baby

Below are some ideas about building a strong bond with your baby. Attaching with your child is the starting place for your baby's learning to trust others and handle feelings. This base is important for your success as a mother and your lifelong connection with your child.

- **Your baby is wired for joy. "Life is good because my mom enjoys being with me."**
- **Babies soak up affection through their skin! Holding your baby helps to build love, and safety and organize difficult feelings.**
- **Look into your baby's eyes often. They are a window to their inner world. Notice when your child wants to look back, that's when they want to connect.**
- **When it's safe and possible, follow your child's lead for attention, to be held, to explore, to seek a place to show their feelings**
- **You can't spoil a baby under 9–11 months old with attention and response. Research shows responding to little babies helps them be more independent as they grow older.**
- **Stay with your child when they have difficult feelings. They learn to trust difficult feelings won't be too much for them or for you.**
- **Children learn from you showing gentle feelings, naming their feelings, and knowing it's okay to share feelings out loud.**
- **Being a good parent is not about being perfect, it's about being "good enough."**
- **Your baby hopes you'll be stronger, wiser, and kinder than they feel themselves. You can practice this even if you don't always feel this all the time yourself.**

Adapted from Cooper, Hoffman, Marvin & Powell (2000) www.circleofsecurity.org

Attachment Development #2

What Babies Have To Say!

This is information that outlines what actions help to develop attachment or bond at different ages. It shows how your child feels and what they may need from you.

Birth to two months

- You can hold me as much as you want.
- You can't spoil me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If you think you have taken care of all my needs and I am still crying, hold me and comfort me.
- Smile at me, laugh, sing to me, rock me, dance with me gently, talk to me softly. This is how our relationship grows.

Two to seven months

- When I look at you, smile, coo, and reach up to you, I want you to respond to me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If I turn away, I need a break.
- When I am hurt, sick, or afraid, I need you to hold me right away.

Seven to twelve months

- I prefer to be with the few people who look after me the most. I am upset by people I don't know.
- I get upset when you leave me. Hug and cuddle me when you leave and again when you come back; then I will learn that I am safe and secure.
- Play and talk with me face to face.
- Watch me play and follow my lead. If you always direct my play I will stop trying.
- Think about what I need when I cry, smile, babble, or turn away.

One to two years old

- I am learning about my world. I like to explore, but when I am frightened, I need to come back to you for comfort. When I feel safe and comforted, I am ready to explore again.
- Even though I can do more things by myself, I still need love and affection.

Two to four years old

- When I want to do things on my own, let me try, as long as it is not dangerous.
- I still need you to keep me safe and comfort me when I am hurt, upset, frightened, or sick.

Adapted from Health Canada Mental Health Promotion website, "First Connections Make All the Difference." www.hc-sc.gc.ca/hppb/mentalhealth/mhp/pub/fc/index.html

Emotional Coping Strategies

> *"I just lose it … It comes on fast, it can be extreme, and it takes me days to feel better, my distress is so much bigger than the situation."*
>
> —Client, Reproductive Mental Health Services, 2010

Distress is a part of life. For mothers with mental health issues, managing their emotions is one of their most common complaints. Women report that it is difficult to meet the demands of caring for children while extremely distressed. To enhance mothering capacity, it is helpful to educate mothers on skills that improve their coping.

These ideas were best described and organized into a treatment approach by the researcher/therapist Dr. Marsha Linehan. Rather than focusing on changing the event that caused the distress Linehan focused on acceptance, finding meaning, and tolerating distress.

Although Dr. Linehan created dialectical behavioral therapy (DBT) for women with the diagnosis of borderline personality disorder, these strategies and skills are beneficial for women with emotional difficulties and mental health challenges.

Two of the strategies used in DBT are focused upon in this section:

- **self-soothing**
- **improving the moment**

The following pages give information on each of the skills, examples, and some room for women to come up with their own ideas.

Source: Linehan, M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder.* New York: Guilford Press.

Emotional Coping Strategies #1

Helping Ourselves to Calm and Relax

Do you struggle with your emotions?
Do you overreact or underreact?
Do you have many emotional shifts in a day? ... an hour? ... minutes?

If so, here are two skills that other mothers report as helpful when feeling a great deal of distress.

1) Self-Soothing

Learning to comfort, nurture, and be kind to yourself is important . In times of distress, many of us automatically reach for something that we think will make us feel better, but that is actually unhealthy. Many of us have never learned how to self-soothe without a substance and don't know how to make ourselves feel better, calmer, or more relaxed.

Some examples of self-soothing are listening to music, taking a bath, trying muscle relaxation, watching a video, walking in nature, reading, or journaling. The goal is to come up with a list that you can practice in moments when you're upset. This is how you'll make new habits.

Can you come up with some of your own ideas to try?

2) Improving the Moment

This skill is used in moments of distress to help one relax. IMPROVE stands for

I Imagery:
Imagining a relaxing scene can help take the bite out of a distressing moment. For example: you might imagine yourself going into a safe, quiet room which is just your own. You may need to practice going into this room when you are not feeling awful, so that when you need to have it work in the moment, it will.

M Meaning:
Finding some purpose or meaning in what you are experiencing can be helpful. Some people who are religious might find a spiritual meaning. For others, it may be about figuring out how they can grow as a person. Is there some purpose or value in this experience, however painful?

P Prayer:
Whether it's to a God or the Universe or whatever your belief is, sometimes just asking for help and being open to receiving it is helpful. Prayer can help if you're trying to just accept your situation and cope in the moment.

R Relaxation:
This is an easy one (maybe!) where you can try to relax your body and slow your breathing. One trick for relaxing muscles is to actually tighten the muscle you want to relax and then let go. With your breath, inhale deeply, hold for a few seconds, and then slowly let go. You'll be
amazed how different you feel after a few of those. You may even feel light-headed!

O One thing in the moment:
Focus your entire attention on what you are doing right now. This can help keep terrible, unhelpful thoughts at bay and keep you in
the present.

V Vacation (brief):
This just means giving yourself a break for a short period of time. It might mean laying on the couch for five minutes, turning on the TV, or getting into a good book. These breaks can help charge your batteries and give you energy that you need when you're having a hard time.

E Encouragement:
There's actual research that shows that people who say encouraging things to themselves actually accomplish more.

How can you improve your moments?

Social Supports – Building a Network

> *"When I came home from the hospital … no one was there, just me and the baby. I didn't feel sad at first but when the baby started crying, I started to cry … and didn't have anyone to call"*
>
> Client, Reproductive Mental Health Services, 2010

Research suggests that support is key for moms. Not only does it assist with adjustment, it reduces isolation and provides opportunity for self-care. For women with mental health issues, support is critical for recovery. It is helpful for support persons to be educated as to the warning signs of maternal mental health issues.

In the role of service providers, you are one of those supports. This following section provides handouts for women, their families, partners, and friends. Helping mothers identify and create social supports is a valuable component for recovery.

Social Supports #1

Identifying Your Supports

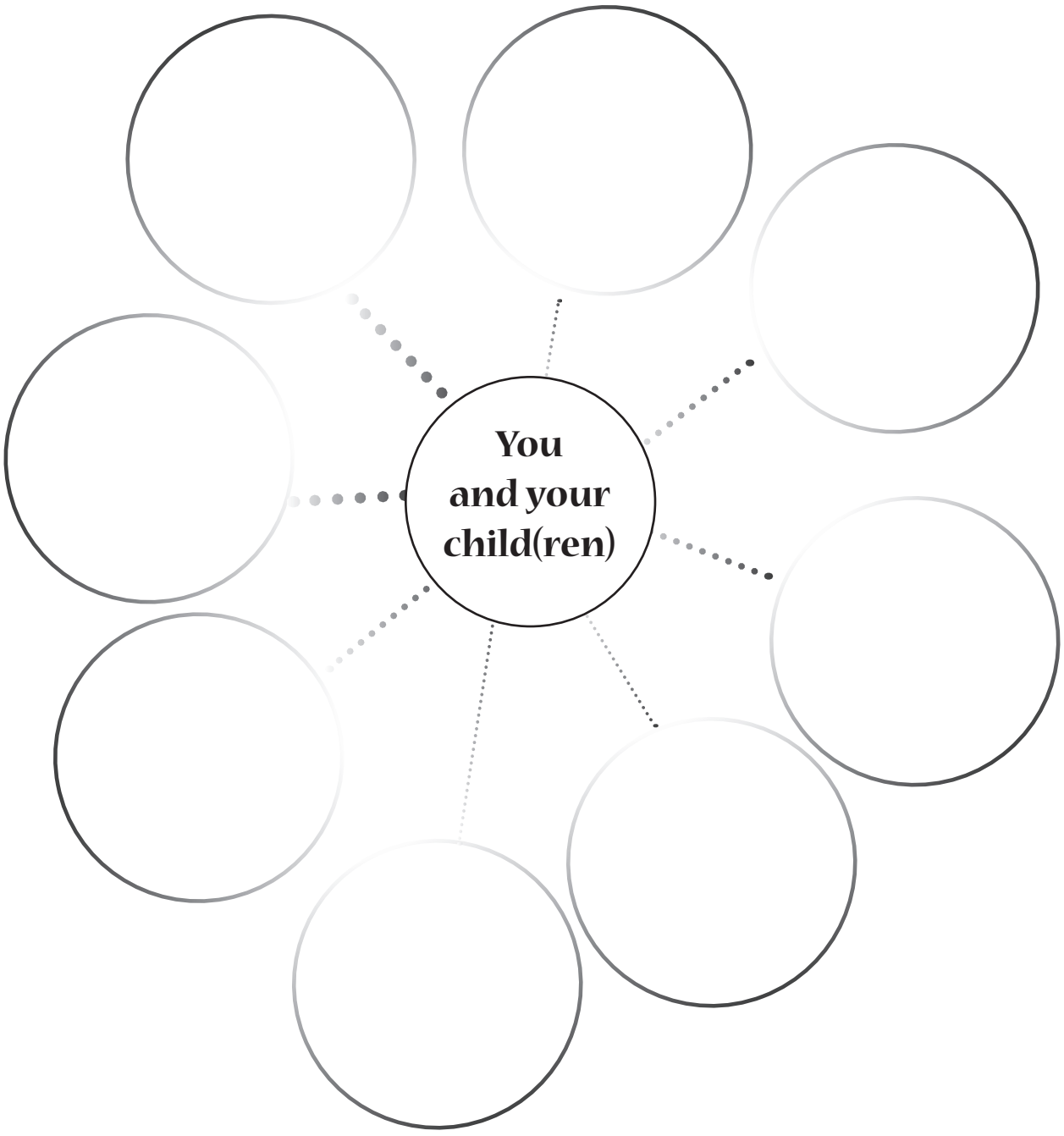
Some women have very few support people in their lives. They may be single parents or have moved away from their family. Maybe they have people who care about them but who are unable to provide support.

On the next page is an exercise to help identify supports. A support could be a friend, relative, partner, co-worker, community worker, or health care clinician. Supports could provide practical assistance, emotional support, or both.

For some women, accepting help may be difficult; it may bring about feelings of guilt and the idea that mothers should be able to do it all alone.

Sometimes we have people who will help us, but the help they expect in return is much more than they give. Speak to your health care provider about ways to create support that works for you.

> "My doctor thinks that because my family lives five minutes away I have a lot of support. He is wrong!"
>
> Client, Reproductive Mental Health Services, 2009


You
and your
child(ren)

Social Supports #2

Here's How You Can Help Me

(for the mother and her partner, family, and friends)

The following pages may help you tell your partner, family, and friends how they can help you and look out for you as you adjust to motherhood. It may be helpful to discuss this checklist with your health care provider.

Here's what I need you to listen for:

Do I say anything that scares you?
Do I say that I think something is wrong?
Do I say I just don't feel like myself?
Do I tell you I can't or don't want to do something that surprises you?
Do I tell you I want to leave or stop all this or hurt myself?
Do I ask you for things I don't usually ask for?
Do I say I'm scared or too tired or unable to do what I need to do?
Do I ask you to stay home with me all the time?
Do I tell you I can't do this without your help?
Do I express feelings of inadequacy, failure, or hopelessness?
Do I keep asking you for reassurance or ask you to repeat the same thing over and over?
Do I complain a lot about how I feel physically (headaches, stomach aches, chest pains, and shortness of breath)?
Do I tell you we made a mistake and I don't want this child(ren)?
Do I blame everything on our relationship?
Do I worry that you'll leave me?
Do I tell you that you and the baby would be better off without me?
Do I tell you I'm a bad mother?
Do I fear I will always feel this way?

Here's what I need you to say:

Tell me you will do whatever I need you to do to make sure I feel healthy.
Tell me you can deal with my anxiety, my fears, my irritability, my moodiness.
Tell me you are keeping an eye on how I am feeling so things won't get out of hand.
Tell me you love me.

Tell me I'm a good mother.
Tell me it's okay if things aren't perfect all the time.
Tell me you are not going to leave me no matter what.

Here's what I need you *to remember:*

I'm doing the best I can.
Sometimes the big things that seem scary at first aren't as scary as more subtle things. For instance, if I have an anxiety attack or snap at you, even though it's upsetting, it may not be as troublesome as if I'm isolating myself in the bedroom and quietly withdrawing.
If you're not sure about something regarding how I am feeling or how I am acting please ask for help and tell me you will call my doctor or therapist.
If I begin to show symptoms, chances are things will not get better on their own.
Do not underestimate how much I appreciate the fact that I know I can count on you during difficult times.

Things we need to add to our list:

1. _____

2. _____

3. _____

4. _____

5. _____

Here's what I need you *to do:*

- Check in with me on a regular basis, several times a day. Ask me how I'm feeling and ask me what you can do to help.
- Ask our friends and family to help whenever possible during the early weeks. Even if I resist, please insist that it's better for me to accept the help.
- Remind me that I've been through this before and things got better.
- Help me even if I don't ask.
- Insist that I rest even if I'm not able to sleep.
- Make sure I eat, even if I'm not hungry.
- Spend as much time caring for the baby as you can.
- If you are the slightest bit worried, encourage me to contact my doctor and therapist. If I protest, tell me that you will call them for me and come with me to the appointment.
- Remind me that even if everything's okay, it may be helpful and reassuring to make an appointment so we can know for sure.
- Take a walk with me.
- Help with the baby during the night. If you're not able to, please make sure someone else is there to help out so I don't get sleep deprived which would make everything worse.
- Trust your instincts if you are worried or you think something needs to done differently.
- Talk to me. Tell me what you're thinking.
- Sit with me. Stay close even when there's nothing to say.
- Help me get professional help.
- Help me find the joy. Help me stay present and appreciate the little things. Help me find and feel the butterflies, the giggles, the hugs, the sunshine, the belly laughs, and the smiles.

Here's what I need you *NOT to do or say:*

- Do not assume I am fine because I say I am.
- Do not leave everything up to me if I am feeling overwhelmed.
- Do not use this time to work harder or later or longer if I need you home during the first few weeks.
- Do not tell me to snap out of it. I can't.
- Do not let my resistance or denial get in the way of what we need to do.
- Do not tell everyone how well I'm doing if I'm not doing well.

- Please do not tell me I am strong and can do with without help if I need help.
- Please do not sabotage any effort I might need to make to seek treatment, such as resisting medication or pressuring me about the financial strain.
- Do not complain about the cost of treatment.
- Do not pressure me to have sex while I'm feeling so bad.
- Please do not do anything behind my back. If you are worried, let me know. If you want to call my doctor, let me know you are doing this.
- Do not forget to take care of yourself during this time.

Kleiman, K., and Raskin, V. (1994) *This Isn't What I Expected : Overcoming Postpartum Depression.* New York: Bantam.

Social Supports #3

Tips for Helping : Providing Support to a Vulnerable Mother

(for family members, partner, or friends)

Postpartum depression is a real mental illness, which means your partner cannot just snap out of it. The good news is that it is a treatable illness with positive outcomes. What makes you feel better may not work for her. Also having this illness does not mean she won't be a good mother. Here are some tips that will help:

- **Tell her that she's doing well and working hard.**
- **Tell her she's a good mother.**
- **Tell her that you love her.**
- **Help with chores around the house.**
- **Make meals.**
- **Be ready to take the baby when your partner needs a break.**
- **Give her time to go for a walk, have a bath, or see a friend.**
- **Be affectionate without expecting sex.**
- **Get help yourself if you have questions or concerns.**
- **Talk to other dads who have been through this.**
- **Ask her how she is feeling.**
- **Be patient.**
- **Believe that she will get better.**

Relationship Health

An important aspect under the umbrella of social supports, which are so critical to mothering, is the woman's primary relationship. If there is a known mental health problem, one of the greatest predictors of outcome and wellness is the quality of this primary partnership.

When mothers are not at their best mentally, they often aren't able to meet their own needs, let alone their partners'. Less than ideal interactions within relationships can happen at this time. For example, many depressed women may appear irritable or disinterested. Without a sense of how mental health problems affect relationships, many people close to the woman can become confused and draw away at the very time social connection is most needed. This is particularly true in the primary partnership.

As a service provider, your client will be best served by your attempts to support positive relationship development, particularly with the primary partner. Find out where the partnership or relationship works best, even if there are many negative behaviours or patterns. *The exception to this approach is when domestic violence threatens the safety of the woman or the children directly and immediately. In these situations, their safety must be prioritized.*

Here are some important things to keep in mind when you are meeting with your clients and discussing their primary partnerships:

- **The changes that come with the pregnancy and parenting are intense for everyone, without exception. These changes affect both parents, the relationship, and other family members as well.**
- **People respond to stress and change differently. Understanding and accepting those differences can be hard.**
- **Working on a relationship is hard work at the best of times, but even more challenging if one or both parties are feeling sleep deprived, overwhelmed, and depleted. There may need to be more gentleness, attentiveness, and deliberateness brought to relationship concerns.**
- **Mental health problems can be a challenge for everyone close to the woman; and emotional difficulty can make healthy communication even more challenging.**
- **The best time to tackle the big long-term issues in a relationship is generally not during pregnancy or the early days of parenting. It's advisable to set complex conflicts off to the side and try to build understanding, respect, and support.**

Relationship Health #1

Tiny Baby, Big Changes

The arrival of a child is a major life event. Whether this child was planned or unplanned, there are always stresses that can effect how you feel about yourself and how you feel about your relationship with your partner. Both of you may be sleep deprived and therefore more short tempered. A new baby could mean money will be tighter and your schedule and household will be disrupted.

Most families notice big changes in their relationships, particularly between the partners. Some of the shifts in the relationship can be very positive and bring people closer, while others can cause conflict and distress. If you're feeling stressed, anxious, or depressed, or if you've been diagnosed with a mental health issue, it can be hard for a partner to understand or know what to do to help. This may lead to your feeling more alone and isolated. You might have difficulty receiving the help you need from those close to you.

One thing that might help in your relationship is to concentrate on what is working well between you. Maybe you can set short-term goals together that focus on solutions rather than on what is wrong.

Tips from Couples

Here are some tips from families and couples who have made it through a mother's mental health challenge that resulted from a new baby.

- **Many children are wanted, but not all children are planned. Couples often don't feel ready. As a family, you may need time to adjust and learn.**
- **Having a child is a stressful life event. It doesn't mean you don't love your child or care for your partner if you sometimes feel negative, overwhelmed, or distressed.**
- **Think of you and your partner as a team, although one or both of you may feel like you're on the injured list of that team.**

- **Talk about how you can keep supporting one another and feel like a team, even when you may be cranky with one another. Not every team has a great game or great day every time.**

- **Understand that the woman is not her usual self and figure out how to support her more at this time. Ask one another what's working and what isn't.**

- **Don't try to solve all your relationship problems at once. It's okay to leave some issues or conflicts until you feel more stable.**

- **Focus on the short-term needs you have from one another.**

- **Try to begin talking about problems with "I" statements that describe how you feel, what you notice, and what you think (e.g., "I feel _____ when _____ because _____"). This is better than starting with statements that begin with "You don't do …"**

- **Ordinary kindness can be forgotten in busy family life. Picture your partner as a really close friend. How could you make a small show of kindness?**

- **Try not to use angry, critical words, even if there is a big conflict. If both people only focus on how they are hurt and act defensive, there's no room for positive communication and change.**

Relationship Health #2

Your Partner Relationship

When you're having troubles in your relationship, it can help to take stock of what you actually have – where you started and where you are now. Answering the questions below might give you some much-needed perspective on what still works between you and help you focus on the positives.

How did you meet?

Why do you think you connected?

What did you do together that made the relationship work?

What's the best thing about your partner?

What's the most difficult thing about your partner?

What does your partner like about you?

What does your partner find difficult about you?

What's the biggest change in your relationship?

What has helped you through difficult times in the past?

Is there a successful relationship you know that you'd like to learn from? Could you ask the people in that relationship how it works for them?

Relationship Health #3

Strategies for Positive Communication and Conflict Resolution

- **Try scheduling time to communicate when you are both calm. If things get heated, agree to take breaks (leave the room, breathe deeply, go for a walk) until you're both calm again.**

- **Try to say positive things first, then follow up with what is a problem or negative from your point of view (e.g., "I really appreciate you doing the dishes, but I'm wondering if you might cook a few meals").**

- **Try to stay focused on the present. It doesn't help to list everything that your partner has ever done wrong or every problem you've ever had.**

- **Be specific about what is bothering you. It's more helpful to mention particulars than to say "I don't like how you're treating me lately."**

- **Try not to "hit below the belt," to attack or weaken the other person.**

- **Try not to make assumptions about what the other person feels or thinks; check it out with them to make sure.**

- **Restate what you think you have heard your partner say. Sometimes we misinterpret what someone says and take their comments in a way they didn't intend.**

- **In order to be successful and solve problems together, you'll both need to try to understand each other's feelings. Try to hear and understand the way your partner is feeling, even if it's hard and you don't think they are justified in feeling that way.**

- **If you think your partner isn't communicating, ask them if there is anything they want to tell you.**

- **Try not to interrupt when the other is speaking. Try not to exaggerate or overgeneralize your concerns to make them more important. They *are* important.**

- **It's okay to take time out and come back to a conversation, but the "silent treatment" is not a positive strategy, even if it feels protective.**

Relationship Health #4

Relationship Planning

(two copies – for woman and partner)

If you and your partner are able to begin to communicating more clearly and can hear and respect each other's different experiences and feelings, it might help to do the following exercise. Write down the top three things you'd like to change in the relationship that will make it a more positive partnership. Examples could be improved communication or more time together. Then, write down ideas of how you could achieve your goals. It might help for you and your partner to do this separately and then share your answers.

Relationship Goals

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Action Plan for Goals

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Parenting

It is estimated that almost half the population of North America has experienced a mental illness at some point in their lifetime. And over half of those people are parents who face the same challenges that all parents face, but additional barriers such as discrimination, stigma, and lack of social supports.

Further, these parents who have experienced a mental illness have a greater likelihood of child protection involvement. Despite these challenges, parenting remains extremely important to these individuals and has been identified as a strong motivating factor for treatment.

Although parenting is one of the most highly valued social roles, sometimes it isn't the primary focus when working with clients who have mental health issues. Failure to emphasize this important role results in missed opportunities to support parents with mental illnesses.

Service providers can help parents by providing education and support toward the realities of pregnancy, birth, and parenting. They can give parents a benchmark for how they are doing, what they might need help with, and where they are succeeding in ways that aren't always acknowledged.

The following handouts may be useful for women and their partners struggling with parenting issues.

Parenting #1

Do What Helps Us Parent

All parents have challenges and struggles at times. A parent may need different skills for each situation, stage, and child. It can be helpful to talk to other parents or professionals about the realities of pregnancy, birth, and parenting.

Some new parents feel they are succeeding only if their baby never cries and if they always know what to do! Experienced parents know that babies cry when they need something or to release tension or express themselves. Few parents always know for sure what to do; it's about understanding your goals as a parent, trying to figure out what your child needs, and knowing what you could try. If you can stay open and attentive to your children, attempt to understand what they are communicating to you, and respond, you and your children will benefit.

If you are struggling with a mental health issue such as anxiety or depression, these additional ideas may help:

- **Seeking out a parenting program can be helpful.**
- **Attending a parenting support group.**
- **Developing strong, supportive relationships with family and friends who can help when needed.**
- **Using open, honest, and age-appropriate communication with your child about your mental illness.**
- **Remembering that you are the parent, and that your child needs *you* to be the primary caregiver. Do not force your child to take on a caregiving role for which he or she is not prepared.**
- **Going over a crisis plan with those who support you.**
- **Finding valuable information on the internet from reliable sources.**

Parenting #2

Parenting through Depression

Raising children is challenging for any mother, considering the many roles women assume inside and outside the home. For those mothers who have depression, parenting can be even more complicated.

Untreated, the symptoms of depression may affect a mother's ability to parent well. Instead of being patient, you might feel cranky. Instead of being loving, you might be irritated. Instead of wanting to play with your children, you may just want to be alone.

If you are a mother dealing with depression, here are a few valuable tips you can use for healthy parenting.

Get help.
The first step is to seek treatment, which may include taking an antidepressant medication and participating in "talk" therapy. With appropriate treatment and support, you can recover, be more attentive to your children, and once again enjoy the pleasures of being a parent.

Involve supportive relative and friends.
Allow friends and family to help with childcare and other activities of daily living, such as housework, meal preparation, and transportation. This will free your time for the things you need to do to get better and to spend time with your children.

Talk to your children about your illness.
Talk to your children in language they will understand about your depression. This is very important so that your children understand what is going on and don't think they are to blame. Explain to them that you are getting help and expect to get better.

Reach out to other mothers with depression for support.
Seeking support from other mothers or parents with depression can greatly help you in your recovery. Support groups offer a community of people who understand what you are going through and share their own experiences.

Take time to play with your children.
People of all ages need to play – it's a source of life satisfaction. If you can't remember how to play or if it feels uncomfortable, follow your children's lead. Play should be enjoyable. There is no one right way to play!

Stay connected as a family.
Set aside time to stay connected with your children. Read to them, ask questions about school, or take walks in the park. This shared time will have a positive impact on you and your child.

Adapted from www.mentalhealthamerica.net/go/information/get-info/youth-and-families

Parenting #3

Positive Parenting

It can be a challenge to always parent in a positive way, but the benefits to your children are huge. Using the techniques listed below will help your children be mentally healthy for their lives.

Develop social skills in your child.
Children who learn to get along well with others are likely to grow into adults who have successful relationships with co-workers, friends, and partners. And the more successful they are socially, the better they will feel about themselves. Your job is to both role-model and teach good social skills and positive social interactions.

Take the time to talk to your children.
Encourage your children to talk openly about their feelings and let them know that talking through feelings is a healthy way of expressing anger, fear, sadness, or pain. Tell them what happens when feelings get bottled up inside – they can explode in the form of temper tantrums or mood swings, and that's no fun for anybody! Help them find the words for their feelings and be a good role model by talking about your own.

Celebrate their accomplishments.
Rewarding children for good behaviour is more important than letting them know when they have behaved inappropriately. For instance, if your child has cleaned up his/her room, but left a pile of toys in one corner, say how impressed you are that the room is clean, rather than scolding your child for neglecting that one pile of toys.

Use discipline, not punishment.
Rewarding children for good behaviour and setting limits with consequences helps your children learn self-control. Telling your children how much you love them, even if you don't always like their behaviour, shows them that they are loved despite their behaviour. On the other hand, verbal or physical punishment can lead to children feeling bad about themselves.

Leave the stresses of work at work.

If you work outside the home, if your job is stressful and you feel exhausted at the end of the day, you're more likely to be impatient and less tolerant of your child's behaviour. This isn't really fair to children. Remember to find ways to look after yourself so you can be your best self at home.

Avoid hyper-parenting.

If you keep your children busy with activities and become involved in everything they do outside the home, you're probably crowding their space. Children need to have the sense of a space and time that is their own. Hyper-parenting can make them feel they can't accomplish things on their own and has been linked to depression and substance abuse later in life.

Adapted from www.cwla.org/positiveparenting/tipsdiscipline.htm

Steps to Family Wellness

How children are disciplined will depend on many things. Parents need to consider the child's age, stage of development, personality, and temperament. Often parents expect too much cooperation from their child when it is natural at certain stages for them to act uncooperatively. Also, parents sometimes set their children up for misbehaviour when they take them to the grocery store when they are hungry or keep them up late. Looking at their own behaviour and expectations before they react or discipline their child is an important step for parents.

There is a difference between discipline and punishment. Punishment is something a parent does to a child (such as gives them a spanking or takes away something the child wants like TV time). Discipline is a positive method of teaching a child right from wrong by rewarding children for good behaviour rather than punishing them for bad behaviour. Discipline leads to self-discipline. Children who are disciplined rather than punished learn self-control and take responsibility for their own behaviour. They understand their own behaviour better, show independence, and respect themselves and others.

Spanking can lead to a lot of problems down the road, including low self-esteem, risk of depression, and anger issues. Intense spanking teaches children that violence is a way to solve problems and as a result may lead to aggressive behaviour.

Here are some alternatives to spanking:

Role modelling

Most children learn behaviours by observing their parents' actions. Parents, therefore, must model the ways they want their children to behave. If a parent often yells, screams, or hits, the child will likely do the same.

Distraction

By steering a toddler away from something that is attracting them and is promoting a negative behaviour, you are taking action but talking less, and avoiding a situation in which the child commands the parent's attention by repeating the behaviour that caused the parent's response. Distraction works especially well with babies and toddlers.

Setting limits

Limits should be reasonable and fair, and they should be explained to your child, along with the consequences for not following them. The rules should cover the things you are most concerned about (e.g., not touching a hot stove, not biting or hitting other children). When the child is old enough, you might want to consider letting them decide what their consequence will be. Not only will this make them less angry and resentful, it also helps builds self-esteem and cooperation skills.

Encouraging and rewarding good behaviour while ignoring bad behaviour

When children are behaving appropriately, tell them so. Children can be rewarded with choices, such as tangible objects, privileges, and increased responsibility. Some children want their parents' attention no matter what, even if it's negative attention. Behaviours such as whining or interrupting can be irritating and lead parents to punish their child to stop the behaviour. When parents tell their child to stop the behaviour, the child learns that they can get their parent's attention by continuing the irritating behaviour. Instead, parents should try to ignore the behaviour. At first, the behaviour may get worse, but if parents continue to keep ignoring it, children learn that they can't get attention this way. ***Some behaviours can't be ignored, however. If your child is hurting someone or is in danger, you cannot ignore the behaviour.***

Structuring the environment

Using charts to monitor and reward behaviour where a child gets a sticker for good behaviour works for some children. A chart allows the child to see how they are doing, and this can improve their cooperation and increase their self-esteem.

Talking to your child

Parents should talk with their child about their own feelings, their child's feelings, and the current behaviour situation. At these times, children need the comfort and support of their parents the most.

Increasing your consistency

With discipline, consistency is key. Parents need to treat the same behaviour in the same way – no matter where or when the behaviour takes place. The more consistent parents are, the more effective their discipline will be.

Adapted from: S.T.E.P. – Systematic Training for Effective Parenting Parenting Young Children. Don Dinkmeyer, Sr./Gary D. McKay/James S. Dinkmeyer/Don Dinkmeyer, Jr/ Joyce L. McKay

Parenting #5

Time Out

Improving your discipline style takes time, commitment and consistency.

Results in your child's behaviour may not be immediate.

Time out should only be used as a **last resort** – when all other discipline methods have been tried consistently with no change in the child's behaviour. **Time out is appropriate only for very disruptive behaviours such as hitting or biting** and should not be used on children under the age of two.

Time out (when done appropriately) has two purposes:

- **to help teach a child to control his/her behaviour**
- **to give you, the parent, a chance to keep control of your own behaviour and feelings**

If you are going to use a time out, follow these guides:

- **Don't begin using time outs until your child is over two years old.**
- **The guideline is one minute in time out for the age of the child (four years old = four minutes in time out).**
- **Children should not be put in a place they are afraid of for a time out.**
- **When it's over, talk to your child about what happened and why you handled the situation as you did.**

Source: Faber, A. & Mazlish, E. (1999). *How To Talk So Kids Will Listen and Listen So Kids Will Talk.* New York: Harper Collins.

Parenting #6

More Features of Positive Parenting

Positive ways of improving children's behaviour in a nutshell:

- Rather than scolding, tell the child what needs to be done. Focus on the act and not the child. For instance, instead of saying, "You're so messy – you left your toys all over the place," why not try, "I see toys all over the playroom floor, can you please you clean it up?"

- Help your child replace an unwanted behaviour with a more acceptable one. For example, if your child is throwing a ball around in the house, take them outside to play ball together.

Signs of Good Mental Health in Children

- **has friends and gets along with other children**
- **can concentrate and focus attention**
- **has stable eating and sleeping patterns**
- **shows reasonable interest and progress in school**
- **satisfied at least some of the time with most aspects of life – family, friends, school, physical appearance**
- **does not become anxious or angry over minor inconveniences or setbacks**
- **fears are reasonable and not excessive**
- **shows respect for other people**
- **maintains a reasonable amount of energy throughout the day**
- **has hobbies and enjoys different activities**

Parenting #7

10 Tips for a Partner

A father/dad figure comes in many forms. When we write about dads we are including biological and non-biological fathers, grandfathers, relatives, and partners who may be in the fatherhood role.

Respect your children's mother.

One of the best things a partner can do for his/her children is to respect their mother. Children who see their parents respecting each other are more likely to feel that they are also accepted and respected.

Spend time with your children.

How a father spends his time tells his children what's important to him. If you always seem too busy for your children, they will feel neglected no matter what you say. Treasuring children often means sacrificing other things, but children grow up quickly and you won't get these opportunities back.

Earn the right to be heard.

All too often, the only time a father speaks to his children is when they have done something wrong. That's why so many children cringe when their mothers say, "Your father wants to talk with you." Begin talking with your children when they are very young so that difficult subjects will be easier to handle as they get older. Take time and listen to their ideas and problems.

Discipline with love.

All children need guidance and discipline, not as punishment, but to set reasonable limits. Remind your children of the consequences of their actions and provide meaningful rewards for desirable behaviour. Parents who discipline in a calm and fair manner show love for their children.

Be a role model.

Parents are role models to their children whether they realize it or not. A girl who spends time with a loving father grows up knowing she deserves to be treated with respect by boys and what to look for in a partner. Fathers can teach sons what is important in life by demonstrating honesty, humility, and responsibility.

Be a teacher.

Too many fathers think teaching is something others do. But a father who teaches his children about rights and wrongs, and encourages them to do their

best, will see his children make good choices. Involved fathers use everyday examples to help their children learn the basic lessons of life.

Eat together as a family.

Sharing a meal together (breakfast, lunch, or dinner) can be an important part of healthy family life. In addition to providing some structure in a busy day, it gives children the chance to talk about what they are doing and want to do. It is also a good time for parents to listen and give advice. Most importantly, it is a time for families to be together each day.

Read to your children.

In a world where television often dominates the lives of children, it is important that fathers make the effort to read to their children. Begin reading to your children when they are very young. When they are older, encourage them to read on their own. Research proves that if you do this, your children are more likely to be successful in life.

Show affection.

Children need the security that comes from knowing they are wanted, accepted, and loved by their family. Parents, especially fathers, need to feel both comfortable and willing to hug their children. Showing affection everyday is the best way to let your children know that you love them.

Realize that a parent's job is never done.

Even after children are grown and ready to leave home, they will still look to their parents for wisdom and advice about things like continued schooling, a new job, or planning a family.

Parenting #8

A Dad's Guide to Crying Babies

(for partners or friends)

It's the middle of the night. Your son just ate an hour ago and, for no apparent reason, has spent the last 20 minutes crying. Exhausted, mom is close to losing it. You have to go to work early and you need sleep too. What do you do?

1. Develop a checklist of reasons your baby cries.
Starting with the most common, a typical list might include

- **hungry**
- **diaper pinching skin**
- **diaper rash**
- **needs burping**
- **needs to be held**
- **clothes rubbing**
- **alone**
- **dirty or wet diaper**
- **tired**
- **frustrated**
- **too hot/too cold**
- **gas/constipated**
- **too much noise/too quiet**

2. Check each reason in sequence, ruling out problems as you try solutions.

3. Check for new problems.
Sometimes crying is caused by random things, his finger may be bent back in his sleeve or hair might be wrapped around his toe. Of course, if you think your baby needs medical attention, call your doctor.

4. Move on to new techniques
Not every problem will have a single answer. Being proactive also means trying new solutions for old problems.

- **feeding**
- **bouncy seat**
- **walk him/her**
- **burping**
- **running dryer**
- **infant swing**
- **holding**
- **distraction**
- **backpack**
- **sucking**
- **ride in the car**
- **bicycle legs**
- **changing diaper**
- **white noise**
- **tummy pressure**
- **swaddling**
- **music**
- **frontpack or sling**
- **rocking**
- **massage**
- **stroller or jogger**

5. Sometimes nothing works.

Sometimes there is nothing you can do to calm your baby and make him happy. As harsh as this might seem at the time, if you feel yourself losing control, put the baby down in the safety of his crib and walk away. Although they may be fleeting, episodes of extreme frustration due to a crying baby are extremely dangerous. Never react in anger. Getting agitated and shaking a baby can permanently damage an infant's brain and may even lead to death. Walk away before nonstop crying pushes you to a danger point.

Adapted from Dads Adventure Magazine (2009). *Troubleshooter's Guide to: Crying Babies*, *1(3)*, *8*. www.dadsadventure.com

3
Understanding Mothers' Mental Health

Dimensions of Health and Wellness

A mother's mental wellness can be considered on three core dimensions:

BODY THINKING FEELINGS

A well mother can use her **body** to cope with stress through steady breathing and stamina.

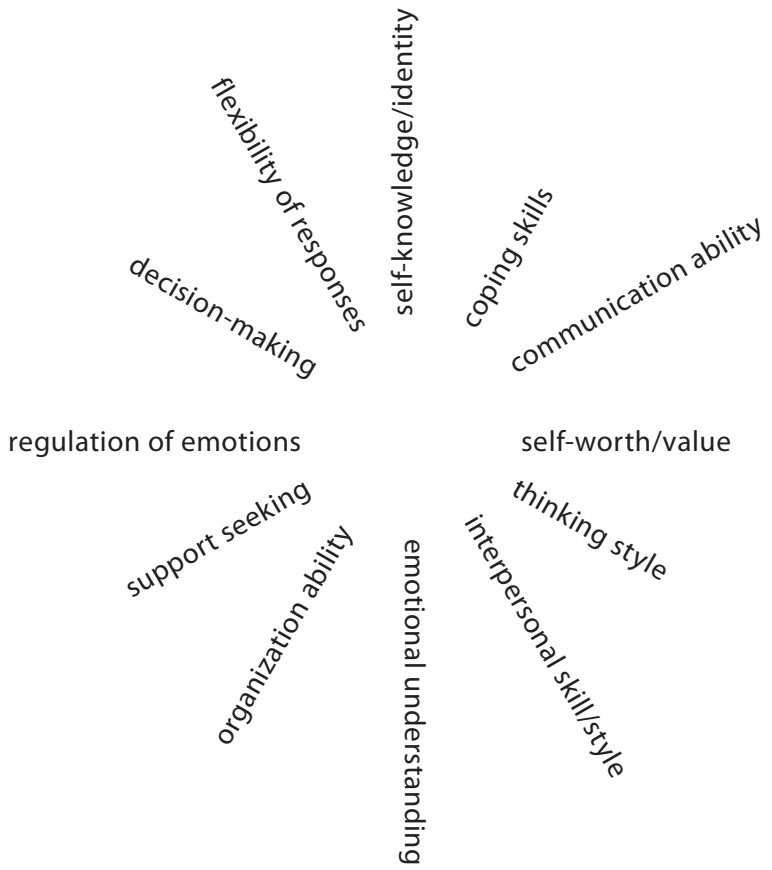
With her **thinking** she considers several outcomes to a problem.

She recognizes she can have a range of **feelings** despite losses and challenges.

Mental wellness is a changing state and experience. Mental health doesn't always equal happiness or a smiling outside presentation. It may be shown more in how a woman deals with difficulty or stress and in her inner qualities and strengths.

Mental health isn't demonstrated by how we feel or act in a single instance or day. Anyone can have a tough time or act in ways that aren't helpful or usual for them. Continuing patterns of body response to stress (e.g., panic attacks), unhelpful thinking patterns (e.g., always expecting the worst outcome), or persistent distressed feelings (e.g., sadness and tearfulness) suggest potential mental health issues.

Flexible and adaptable mental health is demonstrated by combinations of components on the wheel on the following page.



Wellness can be supported by combinations of the components in this wheel, just as illness can occur with problems in a combination of the same components. It can be helpful to think about the woman you are working with and her situation with the idea of components and contributions.

Protective Factors

Protective Factors for Mothers
Think about your client from her potential strengths and capacity for change along the following factors. These are areas you may be able to improve and awaken through discussion with her. In italics are cues to aid your conversation about these protective factors directly with the woman.

- **Positive attachment to a caring, consistent adult in early life**

"Who might have been around most when you were little?" "Were you able to have an idea that your experience and feelings mattered?"

- **A solid sense of self, identity, their particular personality**

"Can you think of how you would describe yourself as a person, your qualities, interests, and your personality?"

- **Self-worth**

"I'm interested in what you value and like in yourself."

- **Self-care habits and strategies**

"What do you think helps you with coping and your emotions? Are there ways you try to look after yourself?"

- **Some capacity to experience emotional optimism**

"What would be some possible better options or outcomes in this situation?"

Identified roles and responsibilities in life
"Can you think about some of the jobs and responsibilities you have in your life?"

- **Flexibility in coping strategies**

"Are there times you've coped with problems in different ways?"

- **Ability to seek social support**

"I wonder if there could be support from others that would make a difference"

- **Cooperative and encouraging people in her life**

"Is there someone who can help encourage and problem solve with this?"

- **Spiritual sense of meaning in the larger world**

"It can be helpful to know what your beliefs and values are when you approach a difficulty. Can you identify your beliefs?"

Protective Factors for Children

When a parent has a mental health issue, protective factors for children include

- **A sense of being loved by their parent**
- **Positive self-esteem**
- **Good coping skills**
- **Positive peer relationships**
- **Interests in and success at school**
- **Healthy engagement with adults outside the home**
- **An ability to articulate their feelings**
- **Parents who are functioning well at home, at work, and in their social relationships**
- **A parent's warm and supportive relationship with his or her children**
- **Help and support from immediate and extended family members**

Sources:

Nicholson, J., Sweeny, E., & Geller, J. (1998). Mothers with mental illness: I. The competing demands of parenting and living with mental illness. ***Psychiatric Services, 49***(5), 635–642.

Nicholson, J., Sweeny, E., & Geller, J. (1998). Mothers with mental illness: II. Family relationships and the context of parenting. ***Psychiatric Services, 49***(5), 643–649.

Risk Factors

Risk Factors for Adjustment Problems

Women can still thrive despite risks. It's often the balance of factors and timing that are important to their outcome. Adjustment problems by their nature can be helped and shaped by interventions and support.

The factors below don't predict problems exactly, but they can raise the likelihood of an adjustment problem or disorder. Check if your client has one or more risk factors.

Consider

- ❍ poverty
- ❍ social isolation
- ❍ ethnic/cultural isolation or disadvantage
- ❍ inadequate housing
- ❍ a high parenting load
- ❍ conflict with partner
- ❍ domestic violence risk
- ❍ lack of practical supports
- ❍ poor emotional support
- ❍ high-unrealistic expectations
- ❍ little prior knowledge of infants/children
- ❍ mood changes highly with lack of sleep
- ❍ conflict or trauma in family she grew up in
- ❍ prior pregnancy loss
- ❍ immaturity
- ❍ poor self-worth/confidence
- ❍ poor body image
- ❍ limited range of coping skills
- ❍ inflexible personality style
- ❍ other physical/mental challenges
- ❍ additional/new life stressors
- ❍ substance misuse
- ❍ relationship safety/stability
- ❍ prior personal abuse/trauma
- ❍ poor relationship with her mother
- ❍ early loss of her mother

The page following can be used as a checklist for and with the mother to understand why she may be struggling particularly with her adjustment and point the way to areas for intervention.

Risk Factors for Adjustment Issues #1

What kinds of things are bothering you?

You may be having difficulty with a major life change or problem. This is common with mothers because of all the factors that can affect their life and all the changes that come with caring for young children. Check out this list and see what might be affecting you. Maybe this can point the way to something helpful we could look at together.

- **other medical illness for you or your children**
- **only a few social supports (e.g., friends, family)**
- **the amount of stress in your life**
- **not in your usual or comfortable community or culture**
- **need for better living space**
- **your parenting load, such as the number of children, special needs, etc.**
- **how you get along with your partner**
- **possibility of being hit or hurt**
- **lower level of support for your feelings**
- **motherhood wasn't quite what you expected**
- **previous understanding and experience with babies and young children**
- **how you feel when you're without enough sleep**
- **your family's way of parenting**
- **unable to have your mother present in your life**
- **feeling grown up enough to be a parent**
- **low confidence and self-worth**
- **negative body image**
- **difficulty coping**
- **substance problems**
- **how your personality fits with this situation or problem**

Risk Factors for Illness

The following factors don't **always** cause illness but can increase the possibility, especially in combination. Knowing them in advance can help a woman plan for her pregnancy by increasing her self-care and wellness strategies, looking for extra support when the baby comes, or seeking early monitoring for symptoms or accessing postpartum care and mental health treatment.

- **prior history of mental illness or possible episode even if not formally diagnosed**
- **severe premenstrual mood and/or thinking changes**
- **significant increase in anxiety symptoms late in pregnancy**
- **a family history of mental illness or addiction, especially mood disorders**
- **other female family members having postpartum mental illness or suspected**
- **severe sleep deprivation**
- **ongoing severe postpartum pain**
- **high situational stress load**
- **other physical illness or disability**
- **prior hormonal fertility treatments**

Following is an information sheet you could provide the woman with if she worries she could be at risk for postpartum depression or other illness. It covers the same points as above in different wording.

She should be encouraged not to diagnose herself simply by the risk factors, but to raise them with her health care provider in pregnancy and baby care.

Risk Factors for Pregnancy or Postpartum Mental Health Problems

Sometimes women worry that they will have particular difficulty coping and adjusting in pregnancy or after a baby comes. They may have heard of postpartum depression and wondered if they could be at risk.

Below are some possible risk factors. These won't cause mental health issues, but they are important to share with your health care provider and to consider as you try to figure out your needs in a pregnancy or while caring for a new baby.

- **a previous period of major mood problems or a previous diagnosis of a mood problem**
- **severe change in your mood or thinking just before your periods, more than for most women; can be high tension, worry, irritability or sadness; even brief suicidal or hopeless feelings that go away when your period starts**
- **noticing you become very anxious and worried, more than usual for you, toward the end of your pregnancy**
- **a family history of mood problems or addictions**
- **If other women in your family have had pregnancy or after-baby mood changes you might want to ask them about these experiences. Did they need treatment? Do they think they should have had treatment?**
- **very severe loss of sleep with pregnancy or baby care, or pain problems that continue a long time**
- **a very high stress load in your current situation**
- **other physical illness or disability problems while pregnant or postpartum**
- **some hormones given as fertility treatments that increase mood changes in sensitive women**

Determinants of Progress or Outcome

If a woman develops a mental health issue or illness in pregnancy and the postpartum period, it will help to know some of the factors that can lessen the length of the episode, reduce her symptoms somewhat, or add to her recovery and treatment response. You can help her identify and attempt strategies to enhance these factors:

- **knowledge about her illness/symptoms**
- **the understanding and knowledge of her close family or friends about the problems**
- **a positive relationship with her mental health caregiver**
- **connection with her caregiver and the treatment process, even when uncomfortable, discouraged, or disagreeing**
- **the number and kind of social supports that will help her**
- **extra effort and attention to self-care practices, including rest and recreation**
- **the presence and quality of her primary partner's support**
- **getting to treatment and support early**
- **level of supporting faith and expectation of improvements**
- **mobilization of her existing or past strengths**
- **motivation for change and self-care**
- **willingess to address substance use and misuse problems**
- **avoidance of high levels of interpersonal conflict**

Determinants of Progress #1

What can I do to help myself recover?

- **Give yourself a central role in returning to wellness.**
- **Learn as much as you can about your problem – how it began, what helps, what it is called.**
- **Try as hard as you can to lower your immediate stress load. Come back to some jobs and problems later.**
- **Find help in treatment and seek to work well and speak freely with your service provider.**
- **Improve the kind and amount of support you receive from others.**
- **Practice good self-care and attention. It's not just an extra.**
- **Seek the support you need from your partner; try to communicate and repeat what you need and how helpful they can be to you.**
- **Don't wait too long with difficult symptoms. Getting help and treatment early lessens the length of any illness.**
- **Practice picturing yourself feeling and doing better. Expect to see some improvement.**
- **Encourage yourself to be willing to attempt changes for the better.**
- **Limit your use of substances that may change your thinking or mood. They can interfere with therapy and medication.**
- **Limit the conflict with others that you have to take on. Even some important issues can wait a bit; put your recovery first.**

Causes and Contributions

Most mental health difficulties or illnesses are understood by considering the **bio-psycho-social model.** It may be helpful for you to think about the life of the woman you're working with along this model.

BIOLOGICAL factors include anything that comes from our bodily or hormonal self. We are all born with a genetic map that comes from both of our birth parents and we may see many aspects of ourselves that "run in the family" from blond hair to a distinctive walk or a higher risk of high blood pressure or depression.

We also all have a temperamental style from infancy that shapes experience of the world and our emotions, e.g., a colicky, highly sensitive baby may respond to a lot of stimulation in a crowded home, very differently than a self-calming relaxed baby.

The hormonal environment in pregnancy and the postpartum period interacts with brain neurochemistry to create physical brain imbalances that provoke changes in mood, energy, thinking, and behaviour. While all women have hormonal shifts around the birth of a baby, only some develop postpartum mood disorders.

Hormone levels alone haven't been useful to diagnose postpartum depression. The key factor may be how quickly levels of estrogen and progesterone change and/or how the "female" hormones influence other chemicals such as serotonin or noradrenaline in producing anxious or depressive symptoms.

Other physical illness or demands can also contribute to risk of mood disturbance. Rates of depression are higher in people of all ages and genders after a major surgery. So a high-risk pregnancy, long or difficult delivery, C-section, and complicated or painful recovery from childbirth may increase the impact on body systems influencing mood, energy and thinking.

We usually can't control biological factors, but we can understand them and work to lessen their negative effects.

PSYCHOLOGICAL factors involve an interaction of our biological natures and our experiences, particularly when we are young or experience events of great significance. Our psychology involves how we interpret experiences, what we think about ourselves and others, and how we have come to cope in thoughts and emotions with the world around us. For example, if we have often been bullied or victimized, we may come to see ourselves as very vulnerable people, become

cautious in relationships, and see potential harm in many situations, as opposed to the person who has never known much difficulty, who may approach every new experience with openness and enthusiasm. Neither view is right or wrong; they are different psychological responses. The open person might in fact be readily taken advantage of while the careful person remained protected.

In mothering, consider the factors that might be present for a woman who went through years of fertility treatments to finally have a healthy child. She has been imagining her life with a baby for years and years. Expectations are high. When the realities of sleepless nights, a fussy baby, and routine and boring tasks of caregiving sink in, she could feel depressed and suffer guilt feelings for thinking so negatively about something she's longed to experience.

Or a woman might tend to be highly self-critical and automatically think negatively about herself. This habit of never seeing the good in herself could come from the pressure she felt when she could never seem to meet her mother's high standards. Given that life with small children is often hectic and imperfect, she could feel she's never measuring up. Her real life doesn't come up to her expectations and she feels generally discouraged and low. This psychological set could then present as a depression.

Many psychological aspects are learned understandings and behaviours. Some work well for us and others don't, particularly at times of change. It is possible to learn to shape our psychology to our situation or our need.

"Is the glass half empty or half full?" is a popular way of expressing a basic psychological principle.

SOCIAL factors are strong determinants of mood, thinking, and self-concept. Social supports are very important in adjusting to motherhood generally, and particularly in recovering from a postpartum mental illness episode. Social influences can come from one-on-one relationships and from our families, friends, and schoolmates.

Mental illnesses are more common for persons living at social disadvantage by low income, poor housing, or going hungry. In part this is because stressors are generally higher and lack of nutrition negatively affects brain development and function.

Social factors interplay with biology and psychology to shape a sense of self and awareness of resources and outlets. Social factors define opportunity and importance in the larger community.

For example, the unsure new mother living in a rural community with no transportation and no one close enough to visit won't know whether the adjustments and struggles she experiences with her newborn baby are typical.

Another example is the woman who grew up in a family who moved every year. She may not know how to create stability for her young family, constantly feeling restless and dissatisfied herself. She may not have people to turn to for help or safety and may simply go to the mall every day for some sense of contact and social experience. Anxious thoughts may grow without someone else to limit them.

When people are outside their usual cultural, ethnic, or gender experience, they may be particularly disadvantaged by social factors they can't control or influence. For example, the only Black Muslim francophone new mother, who immigrated from West Africa, may find it difficult to take support from a mothers' drop-in group set up in the basement of a Christian church in the anglophone neighbourhood in Moncton.

Social factors are many of the population determinants of health. They can be difficult to change or mobilize in mothers with mental health problems. They are shaped by our larger communities and systems yet are powerful for individuals.

Biological, psychological, and social factors importantly interact and influence one another to determine both strengths and vulnerabilities. Their interplay determines mental illness risk and directs the necessary interventions. For example, if social determinants are prominent, social interventions are key.

Causes and Contributions #1

The Three Parts of Us All

Mental health and mental illness and everything in between are shaped by what we think of as **bio-psycho-social** factors. All people are affected by these factors, including people who have always been well.

Let's try to understand our own experience of these factors. Below are some examples of things that can affect your mental health. On the next page is space for you to list your own ideas about what affects you. You could share your ideas with your health care provider.

Biopsychosocial profile of _____

Biological factors include:

- **genetic factors from our birth families**
- **our temperament as a baby and small child, our nature**
- **physical illnesses affecting the body-brain connections and how our mind works for us**
- **substance use affecting brain function**
- **food, the biological fuel for our brain**
- **repeated stress, which can change our brain systems to respond differently**
- **sleep quality, important to brain function**

Some of my biological factors:

_____

_____

_____

_____

_____

_____

Psychological factors include:

- **how our mind understands and interprets**
- **what we have experienced, both good and bad**
- **what we have been taught**
- **amount of safety experienced in infant attachment with mother**
- **experiences of positive support in life**
- **negative experiences in life**
- **traumatic experiences**

Some of my psychological factors:

Social factors include:

- **how we experienced ourselves**
- **level of education**
- **family income and housing**
- **kind of community we're used to**
- **opportunity to learn skills and participate**
- **experiences with racism**
- **experiences with homophobia**
- **experiences with bullying**

Some of my social factors:

Signs and Symptoms

When a client presents a mental health concern, how do we explore its nature and seriousness?

Assessment of a potential mental health concern begins with knowledge of the woman's **usual self.**

If you haven't known her before, you may have to ask friends, family, or other workers whether she is her usual self or what changes they see.

Ask her if she feels her usual self.
What are her current stressors or changes?

Attempt to evaluate whether the changes she or others see make sense with the current situation.

Do you or others notice her mood, actions, or comments change predictably with interactions, events, or people?

We try to understand whether feelings seem to come and go out of the blue or there is an identified trigger. Changes in mood, thinking, and behaviour that reflect a real situation or conflict tend to suggest an adjustment problem. If the change in function is significant, this may still be a mental health problem requiring intervention. It is less likely to be a biologically based illness, which can produce symptoms that come and go without triggers or reasons.

We look for

- changes in both the **OBSERVED MOOD** of the woman and her **PERSONAL EXPERIENCED EMOTION** – low, blue, tense, angry, anxious, fearful, down
- disturbance of usual **SLEEP PATTERNS** – too much, too little, interrupted, can't fall back to sleep
- altered **ENERGY PATTERNS** – always tired even with rest, agitated, hyper, fluxing back and forth
- changes in **APPETITE and FOOD HABITS** – no interest in foods she usually likes, impulse to snack all the time, binge eating, no natural appetite, sense of fullness very quickly

- loss of **INTEREST** – in usual activities, friends, children, partner; in goals, trying, self-care, sex, or pleasure
- changes in **CONCENTRATION** – ability to focus, plan, finish things; distractible, unusually bored, apathetic; hyper-alert, scanning the room, preoccupied with details
- unusual or preoccupied **THINKING** – unduly negative, suspicious, excited, or confident ideas for that woman; seemingly empty, vague mind, so-called poverty of thought; sudden intrusive frightening thoughts as though a switch is thrown
- altered **SELF-ASSESSMENT** – ability to cope, overwhelmed, of low confidence and worth, exaggerated beliefs/abilities, unexplained fearfulness, suddenly unable to stay alone
- loss of **EMOTIONAL CONTROL** – crying for no reason, sudden panic attacks, shortness of breath, pins and needles feeling, dizziness, loss of awareness, release of emotions and flashbacks to past experiences, sudden ragefulness
- overly **NEGATIVE VIEW OF FUTURE** – pessimistic beyond reason; hopelessness; lack of connection to loved people, pets and involvements
- sudden tendency to RECKLESSNESS, IMPULSIVITY – out of character for that woman; no care for consequences
- **SOCIAL WITHDRAWAL** from usual sources of support and connection
- **STOPPING USUAL ACTIVITIES** – no interest in usual hobbies, TV shows, community talk
- **REPEATING ACTIVITIES** – with compulsion to clean, organize, count; checking baby over and over; unable to do something just once, settle mind
- sudden **INTRUSIVE UNWELCOME IMAGES OR IDEAS** – usually of harm, carelessness, disaster to valued persons

Signs and symptoms #1

Mental Health Check-Up Checklist

Check the statements that seem like you. These reflect experiences of other women with mental health challenges in mothering. Many women have experienced changed thoughts, feelings, or behaviours.

If you have several areas of change or concern, you could take one of our screening tests or simply bring the checklist to your health care provider. Screens like this don't make a diagnosis, but they do show you if it's reasonable to arrange an assessment of your mental health.

Check the statements that seem like you:

_____ **Do you feel sad or low most of the day for no reason?**

_____ **Have you lost interest in your usual activities?**

_____ **Do you feel an unusual degree of fear or anger?**

_____ **Have you been snapping at your family and can't figure out why?**

_____ **Do you worry about a lack of interest or connection with your baby?**

_____ **Are you crying for no known reason?**

_____ **Do you continue to feel tired even after resting/sleeping?**

_____ **Do you have difficulty relaxing?**

_____ **Is it hard to fall asleep even though the baby is sleeping?**

_____ **Has your appetite increased or decreased from usual?**

_____ **Are you losing or gaining a lot of weight?**

_____ **Do you feel like your thinking is fuzzy or do you have difficulty concentrating?**

_____ **Is there a loss of your ability to feel pleasure?**

_____ **Are there particular ideas of guilt or negativity you keep having?**

_____ **Do you feel hopeless without a reason?**

_____ **Do you think about wanting to harm yourself, even if you haven't acted on it?**

_____ **Do you have sudden thoughts come into your mind that feel forced, frightening, or unusual for you?**

_____ **Have you worried about any loss of control over your thinking or emotions?**

_____ **Have you worried you don't feel as close to your baby as you thought you would?**

_____ **Do you ever have ideas of running away or disappearing?**

_____ **Has your motivation for routine jobs and activities changed?**

_____ **Do you feel unusually impulsive, jumpy, or hyper?**

_____ **Do you feel you are thinking about death or other disasters too much?**

_____ **Do you worry it was a mistake to become a mother?**

_____ **Do you feel like your thinking is way too slow or too fast?**

_____ **Do you experience any unusual sounds, images, voices, or sensations?**

_____ **Has your ability to function in your life changed a lot?**

Diagnostic Possibilities

While community service providers may not be in a position to make a mental health diagnosis, knowledge of some of the possible diagnoses, their characteristics and their potential interventions increases your ability to help a woman assess her own symptoms and seek help with diagnosis and management. Below are several possible conditions and characteristics that often indicate those conditions. The next chapter describes interventions and treatments in more detail.

Baby Blues

- up to 80% of postpartum women
- not an illness; variable severity
- superficial, quick, changeable moods
- tearful, irritable, anxious
- starts three–five days postpartum
- over by four weeks
- comes and goes; doesn't get increasingly worse
- can still feel interest and pleasure
- sleep and help with baby and household make it better

Interventions of choice:

- monitoring
- enhanced self-care
- support

Postpartum Adjustment Disorder

- identifiable stressors and changes
- often interpersonal triggers
- anxiety and self-doubt common
- coping problem
- helplessness; overwhelmed often
- perfectionistic, dependent, and chaotic personalities increase vulnerability
- relationship difficulties are prominent
- multiple life events (e.g., parent ill with cancer, partner leaving, and eviction)
- "understandable" emotions
- emotions that may be excessive or inappropriate response to a stress increases distress and doesn't help with the problem

Interventions of choice:

- psychotherapy/support/crisis management/relationship strengthening

Postpartum Major Depression

- major change in energy, sleep, appetite, concentration, motivation and initiative
- mood doesn't match the situation. Forced, deepening.
- may be depressed, sad, apathetic, irritable, fearful, or combination
- negative impact on function
- persistent and worsening over time
- not connected to situational stressors; mood doesn't change as triggers change
- thinking patterns fit with the mood change, e.g., low mood with pessimistic thinking,
- anxious mood with worrisome ideas
- affects 10–15% of new mothers, to variable severities
- 20% risk in next pregnancy; 80% chance of remaining well, especially with intervention
- untreated, 30% become chronic
- strongest evidence of effect on later child development measures
- can negatively affect attachment depth and quality – when severe, can include rejecting and anxious attachment patterns

Interventions of choice:

- intense self-care strategies
- interpersonal and cognitive behavioural psychotherapies
- psychotropic medications, especially antidepressants and antianxiety
- psychoeducation

Postpartum Anxiety Disorders

These are several disorders under one heading. Combined, they affect 20% of new mothers, counting both new cases and worsening of existing problems.

Generalized Anxiety Disorder

overdone daily worrying, negative forecasting in thinking, difficulty separating, physical symptoms, tension

Panic Disorder

sudden experience of physical arousal, shortness of breath, sense of doom, chest palpitations, trembling, tingling, disorientation, impulse to flee, not always clear trigger

Obsessive-Compulsive Disorder

sudden intrusive negative, frightening ideas atypical for the woman; images as well as ideas; brings sense of fear of loss of control; intense rejection of idea, body tension; compulsion to keep doing compensatory behaviours (e.g., checking, cleaning, counting)

Post-Traumatic Stress Disorder

can be after new stress or a repeated response to a former stress or trauma; ordinary emotions and responses dulled while otherwise hyper-vigilant,

Interventions of choice:

- antianxiety medications
- relaxation and breathing techniques
- mindfulness/cognitive-behavioural psychotherapy

Postpartum Psychosis

- rare but severe; can be a true emergency when it presents
- affects one in 1000 vs. one in 10 for depression
- onset typically rapid, 1–3 days postpartum
- risk higher with family history of psychotic disorders
- can also be outcome of some untreated prolonged depressions
- lose sense of reality
- markedly impaired judgement
- can be preceded by sleeplessness; excitement; confusion; period of "baby pinks," i.e., feeling too good
- dreamy disoriented quality
- illogical ideas, clearly odd and bizarre but not always suspicious
- can have abnormalities of sensory experience in what she hears, sees, or experiences on or in her body
- can be first presentation of what will become Bipolar Disorder
- requires expert assessment and care; insist on same
- illness with highest risk of harm to small children; delusional beliefs can drive harmful acts to self and children.
- over 90% recover fully

Interventions of choice:

- hospitalization
- antipsychotic medications/mood stabilizers
- treatment of any co-existing physical illnesses
- psychoeducation
- supportive/reintegrative therapies

Postpartum Bipolar Disorder

- period of high risk of relapse in known Bipolar Disorder
- initially mania presentation, can be followed suddenly by very severe depressive phases
- shifts in energy, emotion, and thinking from slowed-down and pessimistic to racing, high-energy thinking, impulsive ideas, and exaggerated sense of ability/power
- illogical thinking driven by the loose mood or exaggerated
- in severe cases, hallucinations and illogical thinking
- situational triggers for cycling mood not often present
- psychosis can be first episode of new bipolar diagnosis
- judgement often impaired
- can be prolonged time to full recovery in postpartum period

Interventions of choice:

- social rhythm therapy
- interpersonal therapy
- mood stabilizers, occasionally atypical antipsychotics

Postpartum Personality Disorders

- usually pre-existing symptoms before pregnancy or baby
- can worsen with pregnancy
- persistent patterns of interpersonal behaviours and emotional style
- responses protect or work for the woman somehow
- patterns cause distress and difficulty more for other people than for the woman herself
- represents a defence style and response, however dysfunctional, to past experiences in relationships
- can have very distorted ideas or perspectives
- typically intense, rapidly changing feelings inappropriate to the trigger in the view of others
- impulse control problems common
- patterns can colour parenting and relationship adjustment negatively
- limited benefits of medications
- need strong patient motivation for change in therapy
- often traumatic background

Interventions of choice:

- individual and group dialectical behaviour therapy
- solution-focused therapy

Perinatal Substance Use Disorders

- onset in pregnancy and after baby comes
- increased use of alcohol or other prescribed or illegal substances for intoxication
- dependence on substances beyond woman's control at times
- escalating use without the woman feeling any control
- always has negative impacts on physical health, relationships, work, and family as the use of the substance is pursued preferentially
- often controlled use or abstinence in pregnancy; risk very high subsequently postpartum
- worsens co-existing mood disturbances
- concepts of self-medicating for emotional distress common
- substance rules the woman's behaviour, not her behaviour controlling the substance use

Interventions of choice:

- treatment for comorbid psychiatric illness
- motivational intervention therapy
- group support and 12-step work
- addictions assessment and treatment

Diagnostic Possibilities #1

Defining Your Mental Health Issue

Working with you, your health care provider can help confirm a possible name or *diagnosis* for your mental health issue. However, it's helpful for you to know some of the possibilities women have experienced in pregnancy or during the first year after the baby comes. Some may be problems you had before your baby that grew worse; some may be new issues for you.

The information is a point of discussion with your family and friends – do they see these symptoms or signs as well? Have they ever experienced them? Sometimes the first time a woman hears that another woman in her family had a postpartum illness is when she is brave enough to begin to talk about her experience.

Considering a diagnosis helps to sort out what might be adjustment problems and what might be an illness. They have different patterns and treatments.

Baby Blues?

- Up to 80% of women have some emotional changes after birth.
- Baby blues tends to change from day to day.
- You can have intense mood shifts, but they don't last.
- You can have crying, cranky, tense, or fearful feelings and can change back and forth between these feelings.
- Baby blues starts usually 3 to 5 days after birth and is gone by 4 weeks.
- It shouldn't be getting steadily worse.
- Sleep and help from others make it better.

Postpartum Adjustment Disorder

- You can often see what caused the mood change but sometimes only after looking back.
- Problems with people can trigger this.
- It is a kind of coping problem.
- Your risk is higher if you have very high standards for yourself and difficulty changing.
- One thing after another can pile up to cause adjustment problems.
- In a way, the feelings make sense with the situation – you can understand what you are responding to.

Postpartum Major Depression

- There are very big changes in your behaviour and unusual behaviour for you.
- You can't control changes in energy, sleep, appetite, focus, will to do things, and interests.
- It can be a combination of emotions – very, very intense.
- You feel a very low, depressed mood – sad, blue, rageful, fearful, unable to settle or enjoy yourself.
- You can't function! With adjustment problems you function, just not well.
- You can't always connect your mood to stresses or triggers.
- Postpartum major depression may gradually get worse, with fewer okay days.
- You really need to tell someone and get help.

Postpartum Anxiety Disorders

Sometimes you're not sad, but worried and tense.
Ordinary worries come and go; in this case you can't reason with yourself.

- Generalized anxiety is when you worry constantly and all worries seem big.
- Panic disorder is when your anxiety causes your body to overreact with pounding heart; shortness of breath; and trembling, tingling, and a sense of being overcome
- Obsessive-compulsive disorder is when you can't stop thinking or imagining something frightening happening or you can't stop doing a safety activity like checking, counting, or cleaning.
- Post-traumatic stress disorder is when a previous fear or experience jumps into your present awareness without much warning, and can cause overreactions, headaches, sleep problems, and difficulty concentrating.

Postpartum Psychosis

- This is really rare but can be an emergency.
- It can come on quickly.
- You lose sense of your reality around you.
- You may feel confused about time or the situation.
- Your ideas may be suspicious or unusual and you may hear and see things that others don't.
- It's important to talk to someone about what is happening to you.
- Mothers who seek help generally recover and don't intend to harm anyone.

Postpartum Bipolar Disorder

- This problem involves moods and behaviours swinging from big highs to lows.
- You may have spells with high energy, fast thinking, impulses, recklessness, even a hyper-happiness or -agitation.
- Other spells are more like depression, with low energy, slowed thinking, negative outlook, and difficulty planning and doing.
- You may not always be able to explain the changes in your mood by the events or triggers around you.
- Other close to you can often help to notice these sudden kinds of unusual shifts in your mood and observe changes you are not fully aware of.

Postpartum Personality Disorder

- Sometimes these tendencies were there before the baby.
- It is a pattern of reacting and interacting with others.
- It can be a form of coping or problem solving.
- We might learn disordered patterns growing up or in reaction to a trauma.
- The patterns may cause problems in relationships and difficult emotions for you, sometimes with frequent breakdowns in relationships.
- People can learn new, more helpful patterns of relating and reacting.

Postpartum Substance Use Disorder

- You may have used substances before but not experienced harm with them.
- Use of substance may feel out of your control.
- Use of the substance may be causing more problems than benefits.
- Others may be affected by your use, including your children.
- You may be self-medicating away distress, but not really dealing with it.

4
Assessment and Screening

Engaging with Your Client

As a service provider, you will be in a position of judging whether or not a woman has a mental health issue that may be related to the birth of a child. Helping to assess a woman who may be at risk is an important job, as her mental health issue could be impairing her ability to function well and to parent her children in a positive way.

The following questions can help you engage your client in an important conversation about how she is doing.

Remember . . .

- **The woman determines her own readiness to talk and share information with you.**
- **Open-ended questions that require more than a "yes" or a "no" are the most effective when you want someone to respond using their own words and experiences.**
- **Encouraging questions such as "Do you feel you can tell me more about that?" and "How can I understand you better?" may help a woman feel at ease and open up to you.**

Perinatal Mental Health Assessment

1. What are your current complaints/concerns?
2. Has there been a change in you? Is there anything different that is causing problems?
3. How do you sleep? How is your appetite? How are your energy, concentration, and motivation? How is your general physical health?
4. What is your typical mood? Does it change or vary?
5. Do you see any triggers to your mood changes?
6. Are there any new stressors in your life?
7. Have you ever had "hormone" effects on your mood (e.g., PMS before your period starts)?
8. Have you ever experienced other emotional difficulties or wondered about a mental health diagnosis?
9. Does any kind of mental health problem seem to run in your birth family?
10. Have you had experiences in the past that seemed to affect your emotional health?
11. Is there any current crisis driving your symptoms just now?
12. Have you had any health concerns in the past?
13. What was your mood and function like in pregnancy and after the birth?
14. What are your usual strengths as a person?
15. Do you have a typical style of coping?
16. Whom do you feel are practical and emotional supports in your life?
17. Do you see yourself as feeling or reacting differently from other women in this situation? If so, how?
18. Tell me a little bit about your baby. Temperament? Schedule? Challenges?
19. Are you parenting other children? How are they doing?
20. How do you think your connection and comfort with your baby is going?
21. Do you ever have thoughts or impulses that frighten you?
22. Have you ever worried about being a risk to yourself?
23. Have you ever worried about being a risk to others? To the children?
24. Are the risky experiences thoughts or do they feel like impulses to act?
25. Have you ever acted on thoughts of harm to yourself or others?
26. What would you most like help with?
27. What would you keep just the same about yourself?
28. Is there anything you would like to change about yourself?
29. What would help you in your life as a mother just now?
30. Can you run me through your daily routine?

Assessment and Screening #1

A Postpartum Mother's Checklist

If you are wondering about the state of your mental health, try asking yourself these questions and bringing your responses to your service provider. Together, you can consider more the responses that trouble you.

- Am I acting like myself?
- Am I saying or doing things that seem out of character or not like my usual self?
- Am I too worried, too withdrawn, too talkative, too euphoric, too exhausted, too unhappy, too uninterested, hyper?
- Am I confused?
- Am I crying all the time?
- Am I eating the way I usually do?
- Am I taking care of myself the way I typically do?
- Am I spending time with the baby?
- Am I reacting appropriately to the baby?
- Am I too worried or too detached regarding the baby?
- Am I less interested in things that used to interest me?
- Is my anxiety getting in the way of doing what I need to do?
- Am I preoccupied with worry or fear that seems out of proportion?
- Am I resisting spending time with people who care about me?
- Am I too attentive or concerned with the baby's health?
- Am I having trouble sleeping, even when the baby is sleeping?
- Am I overly concerned with things being done perfectly with no room for mistakes?
- Am I isolating myself though I am fearful of being alone?
- Am I too angry, too irritable, too anxious, or too short-tempered?
- Am I having panic attacks, where I feel I can't breathe or think clearly?

Edinburgh Postnatal Depression Scale

If you suspect the woman you are working with may be depressed, you can use this screening test. Instructions are here followed by the actual test.

The Edinburgh Postnatal Depression Scale (EPDS) was developed for screening postpartum women as outpatients in home visiting settings or at the six- to eight-week postpartum examination. It has been used among numerous populations.

The EPDS consists of 10 questions. The test can usually be completed in under five minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. The total score is determined by adding together the scores for each of the 10 items.

Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to13 points. Therefore, to err on safety's side, a woman scoring nine or more points or indicating *any* suicidal ideation – that is, she scores 1 or higher on question 10 – should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression. Diagnosis can only be done by appropriately licensed health care personnel.

1. The patient is asked to circle the response which comes closest to how she has been feeling in the previous seven days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the patient discussing her answers with others.
4. The patient should complete the score herself, unless she has limited English or has difficulty with reading.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS should not override clinical judgment. **A careful clinical assessment should be carried out to confirm the diagnosis.**

The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after two weeks. The scale will not detect mothers with anxiety neuroses, phobias, or personality disorders.

Source: Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782–786.

Assessment and Screening #2

A Screening Test for Depression

Name_____ **Date** _____

As you have recently had a baby, we would like to know how you are feeling now. Please circle the answer that comes closes to how you have felt in the past seven days, not just how you feel today.

1. I have been able to laugh and see the funny side of things

0 a) As much as I always could
1 b) Not quite so much now
2 c) Definitely not so much now
3 d) Not at all, difficult

2. I have looked forward, with enjoyment, to things

0 a) As much as I ever did
1 b) Rather less than I used to
2 c) Definitely less than I used to
3 d) Hardly at all

3. I have blamed myself unnecessarily when things went wrong

3 a) Yes, most of the time
2 b) Yes, some of the time
1 c) Not very often
0 d) No, never

4. I have felt worried and anxious for no good reason

0 a) No, not at all
1 b) Hardly ever
2 c) Yes, sometimes
3 d) Yes, very often

5. I have felt scared or panicky for no very good reason

3 a) Yes, quite a lot
2 b) Yes, sometimes
1 c) No, not much
0 d) No, not at all

6. Things have been getting to me

3 a) Yes, most of the time, I haven't been able to cope at all
2 b) Yes, sometimes. I haven't been coping as well as usual
1 c) No, most of the time I have coped quite well
0 d) No, I have been coping as well as ever

7. I have been so unhappy that I have had trouble sleeping

3 a) Yes, most of the time
2 b) Yes, sometimes
1 c) Not very often
0 d) No, not at all

8. I have felt sad or miserable

3 a) Yes, most of the time
2 b) Yes, quite often
1 c) Not very often
0 d) Not at all

9. I have been so unhappy that I have been crying

3 a) Yes, most of the time
2 b) Yes, quite often
1 c) Only occasionally
0 d) No, never

10. The thought of harming myself has occurred to me

3 a) Yes, quite often
2 b) Sometimes
1 c) Hardly ever
0 d) Never

Total Score_____

Source: Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782–786.

5
Intervention and Treatments

Women may wonder "What, if anything, can help me?" It will be helpful for the service provider to know the possible range of interventions and treatments. Increased knowledge among service providers of mental health issues, diagnoses, and treatments helps to reduce stigma and encourage women toward valuing their wellness and seeking recovery from illness.

General Interventions

All service providers can take these measures:

- **Create an open and accepting atmosphere for discussing adaptation to mothering.**
- **Normalize the experience and expectations of mothering.**
- **Promote the idea of continuum from wellness to illness for all.**
- **Help provide accurate information about mothers' mental health.**
- **Draw the connecting line from the wellness of woman and mother to the wellness of her children and family generally.**
- **Promote mothers' wellness in mind/body/spirit.**
- **Promote wellness around sleep/rest, nutrition, fitness, and relaxation.**
- **Enhance social support opportunities for mothers.**
- **Encourage seeking help for mental health complaints and illnesses.**
- **Encourage positive self-talk and emotional strategies that lower distress and improve decision making.**
- **Explore secular spiritual strategies for women – creativity, respite, reflection, belief, connection and values.**
- **Encourage improving general physical health as part of mental health.**
- **Encourage stress reduction measures such as exercise, relaxation techniques, and massage therapy.**

Therapy Principles

Psychotherapy can take place one on one with a therapist or in a group format. A woman might benefit from both. They can help her in different ways.

Therapy is different from basic continuing support. Different therapists practice different models or approaches. There are both brief and long-term therapies.

Mental health assessment can help to determine whether therapy would be helpful, what therapy might work best, and whether this is the right time or setting for therapy for a specific woman Different forms of therapies may be tailored to specific current problems or to the context of present life circumstances. All therapies may be helpful and complementary.

Psychotherapy should be done with a person who has a particular training and approach. Therapy is not simply support, but is in addition to necessary levels of personal and professional support.

Therapy usually seeks to promote personal change.

Not everyone is truly ready or able to change, particularly at times of crisis. Sometimes therapy is best in steps or stages.

Therapy works with a positive alliance between the woman and the therapist. This involves trust and the client's commitment to working in the therapy. The person doesn't just receive therapy as a product. It needs to be an interactive process.

Therapy can provoke negative feelings or interactions on the way to positive change. This can make the woman uncomfortable, but that is not always a sign the therapy is wrong. Encourage her to keep trying and communicating with her therapist.

Most therapies increase awareness within the woman and help to shape different patterns or strategies in her life.

As a service provider you may be interested to understand different terms or descriptions of counselling or therapy practices. Your education in the options in

Types of therapy:

Psychoeducation is not entirely a therapy but can have great benefit for women. Primarily a teaching modality to help the woman understand an illness, adapt to the change it brings, learn about the origins of mental problems, understand new coping strategies and become engaged in recovery rather than experience a diagnosis as a definition.

Supportive Psychotherapy is usually individual and draws specifically from the woman's own particular strengths, however fragile they may seem. It involves her understanding the full nature and contributors of the presenting issue, active problem solving, and strategic efforts to alleviate distress. Supportive psychotherapy may be short term and crisis oriented in focus. It doesn't typically address long-term problematic behaviours or patterns.

Cognitive-Behavioural Therapy can be individual or group based and focuses on the understanding and identification of different thought or cognitive patterns, the beliefs and behaviours that flow from these thoughts, and how they contribute to depressed or anxious emotions. Change is sought in the thought patterns, to make automatic patterns known and challenged and alternative thinking applied and practiced. The woman will need to be ready to do some homework between sessions, to practice for change. Used in both depression and anxiety disorders.

Interpersonal Therapy (IPT) can also be in individual or group format. The focus is on relationship history and present and the patterns and experience in relationships that contribute to depression in particular. The therapy looks at role transitions, role conflict, relationship deficits, and loss in the life of the patient. It connects their experience to their mood. Through communication analysis and practice, IPT attempts to bring an assertion of self and needs in relationships, to develop capacity for reciprocal give and take in relationships, and limit self-defeating choices and patterns.

Dialectical Behaviour Therapy (DBT) is another individual or group therapy that looks to a combination of cognitive and behavioural techniques to help the woman tolerate extremes of distress, regulate her internal emotions, and improve externalizing responses in relationships, including with her children. Core mindfulness techniques were key to the original forms of this therapy. DBT is particularly helpful to women with sudden chaotic changes in emotional states they often don't truly understand and feel they control poorly.

Long-term Dynamic Psychotherapy can be offered over many months to years and is intended to address fundamental psychological difficulties, often rooted in early-life traumatic or dramatic experiences. The primary agent to promote awareness, change, and emotional regulation is the therapeutic relationship itself as a dynamic model of other important relationships in the patient's life. Long-term dynamic psycotherapy is not always offered in public clinics due to the time needed.

Short-term Dynamic Psychotherapy is individual in nature and can provoke deeply felt unconscious emotion. It requires pressure by the therapist to key emotions. Best results are with psychosomatic symptoms tied to emotional triggers or conflicts or with singular conflicts or relationships the woman cannot access consciously. Not focused on events or stressors, short-term dynamic psychotherapy is of limited supportive benefit.

Relationship Therapy can be quite helpful to mothers, given the many changes and strains in a life with a partner. The therapy tends to focus on relationship expectations, communication patterns, conflict resolution, and emotional intimacy development. Relationship therapy can be difficult to access under public funding.

Family Therapy involves adult parents and children typically over five meeting with the family therapist all together. The response of members of the family and the patterns between members of the family will be explored as to how it they affect the identified patient. The family system will be encouraged to shift and grow to help the affected member, either by new communication and skill or by limiting harmful dynamics and experiences. Most often used for children or adolescents.

Behavioural Therapy can have several forms, but all deal with changing unwanted or unhealthy behaviours, utilizing specific strategies, reinforcement of positive changes, and desensitization and deterrents to negative behaviours. It can be used as an element of treating addictions, compulsive anxiety disorders, and panic disorder, as examples.

Medications

Medications used in treating mental health problems are often described as "psychotropic medications." This term simply means drugs that change psychological symptoms. Medication alone is rarely enough to treat perinatal mental illnesses.

The use of medications and the combinations of effective medications is very individualized for each woman. Safety and risk analyses for medications in pregnancy and breastfeeding also should be individualized by the primary care or psychiatric physician considering symptom severity, tolerance, health of mother and baby, and full or partial breastfeeding.

A woman should not fear taking psychotropic medications if recommended, as they can be a very important part of regaining wellness and function, particularly if symptoms are severe.

The woman you are working with may already be on medications or may be interested in learning more about medication benefits and risks. Below is a description of the general types of medications used in mothers' mental health.

A valuable Canadian resource used by clinicians internationally is the safety monitoring and education service at The Hospital for Sick Children ("Sick Kids") in Toronto. It tracks findings on the use of drugs in pregnancy and has information on all types of medicines, not just psychotropics.
Access at www.motherisk.org or 416-813-6780
Alcohol and substance use help line: 1 877-327-4636

Psychotropic Medications:

Antianxiety Agents are used typically for short-term reduction in tension, fear, and distress. They tend to act quickly, but they also wear off quickly. They can be used in moderation with other psychotropic medications. Some forms may become

habit-forming if used regularly or at higher doses. A common side effect can be sedation, though this lessens as a body gets used to the substance. Examples: benzodiazepines such as Clonazepam, Lorazepam, Diazepam; Buspirone.

Hypnotic Agents (sleeping pills) are used specifically for sedation and sleep maintenance and don't address other mental illness symptoms. Common types are Zopiclone, Triazolam, chloral hydrate, Trazodone. They are formulated to cause quick sedation but wear off within six hours to limit daytime confusion or fatigue.

Antidepressants are a mainstay of the biological treatment of Perinatal Mood Disorders. There are several chemical classes of antidepressant. You may hear the terms tricylics, SSRIs, MAOInhibitors, SNRIs or Atypical. Common names within these classes are Imipramine, Amitryptiline, Desipramine, Protryptiline; Fluoxetine, Sertraline, Paroxetine, Citalopram; Tranylcipramine; Venlafaxine, Buproprion, Remeron.

Some but not all of these medications have been studied for safety in pregnancy and breastfeeding. Small or ill infants may have greater risk of adverse effects. We look for safety in the development of the baby's structures and organs in early pregnancy, then in the growth of the baby throughout the pregnancy. Other considerations would be the risk of premature delivery or other obstetrical problem or complication. Medications are also studied to see whether they affect adjustment for the baby in the first few hours and days of life. And finally and importantly, parents are interested in whether there could be long-term developmental effects, such as in learning, speech, or behavioural problems.

It can be a confusing area to research and consider even for health professionals. There is a great deal of conflicting information for women and their families. Understanding risks and benefits for a particular woman in a particular pregnancy is difficult and may be a reason to seek help from a health care provider.

Antidepressants with good research findings to support safety in pregnancy and breastfeeding include Imipramine, Amitryptiline, Desipramine, Sertraline, Fluoxetine, Citalopram, and Venlafaxine, if at reasonable dosage level. The standard approach is to use the minimum effective dose. No greater safety is achieved by using subtherapeutic doses of any of the antidepressants. Encourage the woman to discuss her treatments and their safety with her health care provider.

Research is always ongoing about the safety of medications in pregnancy and breastfeeding. A pharmacist or psychiatrist may need to be consulted about the most recent information.

Mood stabilizers are most often used in mood problems that involve cycling from low depressions to agitated or excited states. There are several different classes of drugs and complicated neurochemistry. Some examples are Lithium, Carbamazepine, Valproic Acid, Lamotrigine. Some of these medications are also used in the management of seizures, though in different doses and administration. The condition most associated with mood stabilizers is Bipolar Disorder, buy they can benefit women with Major Depression as well.

Typical antipsychotics have been used most often to treat delusions and hallucinations in a psychotic disorder. May be for a primary psychosis like schizophrenia or an associated psychotic symptom such as in severe bipolar mania. Typical antipsychotics come in oral and injectable forms. Side effects can be problematic in terms of dry mouth, sedation, cognitive slowing, and changes in gait and coordination.

Atypical Antipsychotics were developed in response to the many difficult side effects of the traditional typical antipsychotic medications. The newer medications also target delusional thinking and hallucinations in serious mental illness but minimize side effects. They may be used in bipolar disorder, schizophrenia, or psychotic disorders. They've been employed more recently to help stabilize mood problems, including some difficulties with anxiety. The prescription, then, of an atypical antipsychotic medication doesn't always mean the woman has psychotic symptoms.

6
Supporting Recovery

Organizing Recovery

Many busy mothers with mental health concerns have difficulty organizing their thinking, let alone their efforts to help themselves and their recovery. Following is a comprehensive largely blank template on which they can record their ideas about actions that will support their improvement. They can star or number for priority to help them tackle the most important aspects first.

It is important to help them keep their goals/changes realistic and doable, particularly breaking broad goals down into smaller actions. The broad goal might be to be more assertive with people. The beginning goal might be to limit the friend who always drops her children off for babysitting without notice and stays away for hours. A later goal might be to ask her mother to help her in specific ways, rather than just letting her mother set the agenda. Even later might be approaching her partner about an issue that tends to generate conflict between them.

It also can help women to keep track of their symptoms, as one day runs into the next and they can have trouble knowing whether they are improving or not. In this section, you'll find an anxiety "tracking system" worksheet that a woman can take home, fill out, and bring back for you to discuss together. She might then be able to bring it to her health care provider as well to demonstrate how she is faring.

Also included in this section is another worksheet on healthy thinking. It can help a woman gain some knowledge and insight and attempt some control over anxious thoughts. It gives her a way to examine persistent, negative thoughts that may be holding her back from achieving her potential. Sometimes we can see our patterns more clearly when they are written out more than when we simply reflect on them.

Recovery Plan Template

Insights (ideas for me to hold on to)
(for example) I have strengths and weaknesses

Improvements (things in myself to work on or build)
(for example) I will improve my own nutrition

Interventions (things that might help)

Biological *(for example, medications)*

Psychological *(for example, counselling)*

Social *(for example, a weekly schedule to see a friend)*

Spiritual *(for example, sit and enjoy the outdoors)*

Recovery #2

Tracking Symptoms Work Sheet

You can take some control over your anxiety by figuring out what things (e.g., going to the dentist, answering the phone, walking past a dog) trigger symptoms of anxiety for you. Common symptoms of anxiety are sweating, racing heart, and thoughts or images of something bad happening.

Knowing our own personal triggers and how we think, feel, or act when coping with anxiety can help us decide what might help us reduce the anxiety in our lives. This information can also be very valuable when working with a health professional as they will ask you to describe your typical triggers and symptoms. Each time you experience excessive anxiety, ask yourself the questions below and write your answer in the worksheet on the next page.

- **What specific experience or situation triggered the excessive anxiety?**
- **What body symptoms did I feel along with the excessive anxiety?**
- **What were my thoughts along with the excessive anxiety?**
- **What behaviour or coping responses did I use?**
- **What was the outcome?**

Try to track your symptoms for one or two weeks to get an accurate picture of your current situation. Many people continue to use these tracking sheets as a way of monitoring how well they are self-managing their symptoms.

The worksheet on the next page is for you to fill in. It begins with an example of someone who becomes anxious when she is in an enclosed space.

Tracking Symptoms Work Sheet

Situation or experience	Thoughts	Body symptoms	Behaviours or coping response	Outcome
(example) Being in an elevator with too many people.	*(example) The elevator is going to get stuck and we'll be trapped and there won't be enough air.*	*(example) Chest tightness, rapid breathing, heart pounding.*	*(example) I remembered the last time I felt claustrophobic, I took some deep breaths and felt better. So I did that.*	*(example) I got off the elevator the next time it stopped and took the stairs.*

Situation or experience	Thoughts	Body symptoms	Behaviours or coping response	Outcome

Recovery #3

Healthy Thinking Work Sheet

Studies show that 80 to 90 per cent of us experience the types of thoughts that trouble people with anxiety disorders, but most of us are able to dismiss these thoughts without any ongoing problems. In comparison, people with anxiety disorders experience upsetting thoughts, images, or urges on a daily basis. These thoughts do not go away with time and sometimes the thoughts can get distorted.

"Distorted" thoughts seem real, but they aren't entirely based on the facts. For example, even though an individual knows that she checked the stove, she feels as if she has to return home because she could be wrong and the house could burn down. She might convince herself – against logic – that unless she returns home, something really awful is going to happen.

People with anxiety disorders often feel anxious thoughts pop into their minds even when they don't want to be thinking about them. The negative thinking patterns that go along with anxiety disorders can also make people feel sad and angry.

If you have anxiety that feels out of control or you've been diagnosed with an anxiety disorder, use the worksheet on the next page to examine negative thoughts that upset you or hold you back from reaching your potential.

Here are the questions you'll want to ask yourself:

- **What is my most upsetting thought?**
- **How does that thought get distorted?**
- **How could I challenge that thought distortion?**
- **What does my past experience tell me about this situation?**
- **What do I conclude?**

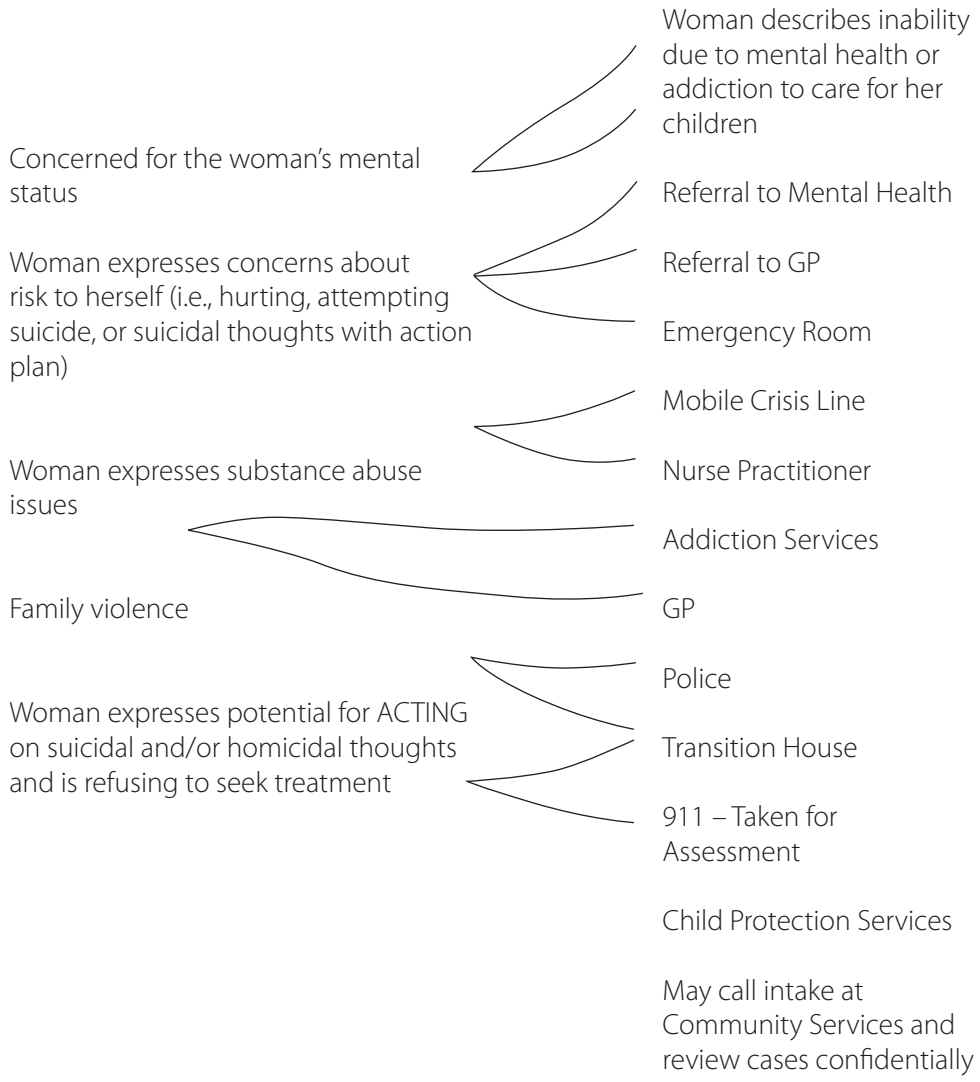
The worksheet on the next page is for you to fill in. There is an example to help you understand.

Healthy Thinking Work Sheet

Thoughts	Type of distortion	Questions to challenge distortion	Answers
I am a complete failure at every-thing in my life.	All or nothing	What would my best friend say? Am I ignoring some positive things I've done?	I am really good at some things in my life. Just because I made a mistake or can't do everything really well doesn't mean I am a complete failure.

Connecting to Mental Health Services

The following chart will help you know where to refer a woman who presents with either a specific mental health issue (e.g., anxiety or depression), a crisis (family violence), or an addiction to a substance.



Involvement with the Department of Community Services

> *"The worst day of my life was when Children's Aid came to my door … I thought I would never see my kids again and although that didn't happen … the idea still haunts me …"*
>
> Client, Reproductive Mental Health Services, 2010

If you are a service provider helping women, at some point you will find yourself becoming an advocate. The systems that some of your clients may find themselves a part of are complex and can pose barriers to them. They may need your help to navigate these systems.

Dealing with the Child Welfare system is challenging and stressful for any parent. Over two-thirds of all women and more than half of all men who experience mental health issues during their lives are parents.

One of the biggest barriers to women seeking help is fear of child apprehension. If they feel that talking to a professional about a possible mental health problem or disclosing a substance abuse problem is going to get their children taken away, they aren't likely to reach out for help. It is important for service providers to recognize that fear of child custody loss may prevent parents from seeking the treatment they need. In the focus groups conducted for this toolkit, fears of child welfare involvement were mentioned as a barrier to treatment.

A proactive tip sheet for women whose children have been taken out of their care is included on the next page. This page is meant to be a starting place to begin conversations with the woman about how to manage and cope when Child Protection (also named Community Services depended on your location), is involved with her family.

Recovery #4

If your children have been taken out of your care

If you are a parent who is involved with the child welfare system, it is important to take positive steps **IMMEDIATELY** to correct the conditions that caused your child to be removed from your care.

1. If you have a mental health issue and/or a substance abuse issue, the most important thing you can do for yourself and your child is to get help. Seeking and receiving treatment will place you on more solid ground and will show that you are taking care of yourself.

2. Maintain as much contact with your child as you can and avoid missing scheduled visits or telephone calls. This lets the court and the professionals involved know that your child is your top priority.

3. Ask Child Protection (Community Services) what services are available for you and your family. If they cannot provide services, ask what services in the community they can refer you to.

4. Learn more about parenting skills so that once you get your children back in your care, you'll have more of your own inner knowledge to draw on. If there are no parenting programs in your area, you might be able to find other moms in the same position as you through mental health support groups or self-help groups. You could even start your own parenting group.

5. Keep good records about your case. This means keeping all the documents you receive from the court and keeping your own notes about things that happen. In stressful situations, it's easy to get confused about what happened and when. Keeping track will prove to the court that you are fully involved in your child's case.

6. When you go to court, be neatly dressed and respectful to the judge and others involved in your case. You are being assessed on your actions and behaviours, therefore how you appear is important. Speaking respectfully, dressing appropriately, and being on time will send the message that your child's case is important to you and you are dealing with this difficult situation in a mature manner.

7. When you go to court, ask someone who supports you to come along. Even if the person is unable to go in the courtroom with you, just knowing they are there might help. Afterward, you will be able to talk about what happened with someone who cares about you and this can help in a difficult, stressful situation.

7
Community Action

Sometimes supporting women will mean the need to work in multi-disciplinary teams. Below is a list of ideas and suggestions for collaborative mental health care in an area where accessibility to that care is severely compromised by insufficient numbers of health care professionals and resources, travel barriers to reach health care professionals in urban centres, and the cost and limited availability of some special programs.

- **Use diverse channels of communications, such as radio, television, newspaper, and the internet, to disseminate health care information.**
- **Create regional/district health authority sub-organizations or other bodies aimed at helping vulnerable and high-risk groups (e.g., children, seniors, and high utilizers of mental health services).**
- **Develop self-help manuals for consumers to foster health promotion and prevention.**
- **Use telemedicine to partially overcome distance and isolation from service providers.**
- **Provide mental health services outside of rural areas and provide transportation to these services to help address access issues.**

Consider the following when you're setting up your multidisciplinary team:

- **Involve accredited family doctors and other mental health providers to provide quality mental health care.**
- **It might be helpful to have community advisory committee members and consumers on your team.**
- **Consider including the more informal non-clinicians on your team (e.g., clergy, teachers, and care providers).**
- **Provide core training to health care professionals.**
- **Ensure a network of formal and informal supports.**
- **Locate where people in the community gather or where they have trusting relationships.**

Adapted from Working together towards recovery: Consumers, families, caregivers and providers (February 2006). Mississauga, ON: Canadian Collaborative Mental Health Initiative Available at www.ccmhi.ca

Communities Helping Communities

There are some amazing things happening in communities around Atlantic Canada. CAPC-CPNP Family Resource Centres are actively involved in promoting mothers' mental health wellness in various ways. Here are three examples of initiatives that are underway and working well.

Mothers United:
A Community's Supportive Response for New Moms

Mothers United is a supportive group for new mothers that meets weekly in the Digby/Long Neck area of Nova Scotia. The group began from discussions with Family Resource Centre staff, local clergy, health coordinators, and the RCMP about the rural isolation of new mothers. Mothers United is now offered in three locations spread through the county.

Meetings are facilitated by Family Resource Centre staff with young and/or new mothers, more experienced mothers, grandmothers, and great-grandmothers in attendance. The more experienced mothers and grand-/great-grandmothers provide practical and emotional support to vulnerable mothers who may be dealing with a combination of issues.

Mothers United has organized and built on natural community supports. It breaks down feelings of loneliness and isolation for all participating moms. In a rural area where many seniors live far from their own families, Mothers United has helped senior participants get involved and feel validated and useful. They get to share their knowledge and experience with the younger generations and the young moms get the support they need.

During weekly meetings the senior moms tend to the children while the younger moms get a chance to talk. The meetings have a srong educational component; nutrition, mental health, stress and time management, literacy, and physical activity are just some of the topics that are discussed. Once a month, there is a cooking class where moms learn to prepare a healthy recipe. In addition to the meetings, the group also offers practical support including "buddying up" when help in the home is needed (chores, meal preparation, or caring for an infant) and phone support.

"The group has inspired other connections amongst participating moms. When a young mom goes through a particularly hard time, senior moms will visit her home every day and help with meals, housework, and childcare. In one group, a bunch of young and senior moms gets together and carpools to a fitness centre twice a week. With the massive outmigration of young people, there are many seniors who have nothing to do. Their own families live far away. With Mothers United, they get to share their wisdom and knowledge and experience with young moms who need help. One young mom says it's the only time she gets to talk to other adults. For many, it is their lifeline – what keeps them sane."

—Kris Herron, Manager, Digby County Family Resource Centre

Addressing the Mental Health Services Gap in Fredericton:

The Perinatal Connections Project

The birth of a baby can trigger powerful emotions from excitement and joy to fear and anxiety. It can also result in perinatal mood disorders that range from baby blues to serious postpartum depression. In 2008, the Fredericton Regional Family Resource Centre partnered with the Victorian Order of Nurses (VON) and developed Perinatal Connections to address the gap in mental health services for new mothers. The project is funded by the provincial Department of Family and Community Services through its Communities Raising Children Fund.

An "Adjusting to Parenting" group was organized to provide support through weekly drop-in meetings for mothers facing difficulties adjusting to a new baby or dealing with mild or moderate postpartum blues. The Family Resource Centre provides the group with a safe and supportive environment in which the mothers can talk about the challenges of new parenthood, break their social isolation, and explore positive ways of coping. The meetings are facilitated by Family Resource Centre staff, a nurse, or a psychologist whose expertise is maternal mental health. The group is unstructured and informal, but questions are prepared each week to help direct the discussion. Transportation, childcare, and snacks are provided. The project also provides telephone consultations, information, and referrals to professionals for women who need one-on-one support.

As well, a Perinatal Connections network, involving a number of service providers for new mothers, meets bi-monthly to discuss issues related to maternal mental health; to provide guidance for the support group; to share information with interested parents, professionals, and family members; and to influence policy and services on a local level.

This network contributes to an Atlantic Mothers' Mental Health Project Advisory Committee, working with health professionals to develop a toolkit [this Toolkit] on perinatal mood disorders for Family Resource Centres to use in their work with new moms. The Perinatal Connections Project is also a member of a National Project Advisory Committee for Maternal Depression and Postpartum Support International.

> "A highlight for me was when I could see that after her second baby one mom – a teacher on maternity leave – took one of the younger moms under her wing. They developed a friendship. The group fosters a support system. The women feel like they have someone to call when there is no group. Having a new baby and being stuck at home can be a very lonely time. This connection is such a key factor for women with no support."
>
> —Carla Hitchcock, Executive Director
> Fredericton Family Resource Centre

A Comfortable Place at the Dartmouth Family Resource Centre

The first point of entry for many families at the Dartmouth Family Centre is the Community Drop-In Room. The drop-in space is a comfortable and informal space in which to get to know other families in the community.

Not all families are comfortable or interested in formal programs for a variety of reasons. Having a space available where families can be involved to the extent that they wish has been a valuable way for Dartmouth Family Centre to reach the priority population. Staff is available to offer support and resources when a family requests it.

In the community drop-in room, there are toys and books for children, infant clothing, bread from Feed Nova Scotia, phone and newspaper, and comfortable furniture to sit in and have coffee. Families can also access a trading cupboard of non-perishable food and toiletries.

As the number of people who use the drop-in room continues to grow, the Dartmouth Family Centre has seen the difference this informal space has made in the lives of community members; they believe that it is integral to the work they do.

Appendices

Appendix 1 • Resource Lists

Print

Postpartum Depression: A Guide for Frontline Health and Social Service Providers
Lori E Ross, PhD, Cindy-Lee Dennis, RN PhD, Emma Robertson Blackmore, PhD, Donna E Stewart, MD FRCPC. Centre for Addiction and Mental Health. 2006 Toronto ON

Best Practice Guidelines Relating to Reproductive Mental Health
Reproductive Mental Health Best Practices Working Group, BC Reproductive Care Program, BC Women's Hospital and Health Centre. 2003 Vancouver BC

Shouldn't I Be Happy? : Emotional Problems of Pregnant and Postpartum Women
Shaila Misri, MD. The Free Press. 1995

What Am I Thinking? : Having a Baby after Postpartum Depression
Karen Kleiman, MSW. XLibris. 2005

When Baby Brings The Blues: Solutions for Postpartum Depression
Ariel Dalfen, MD. John Wiley & Sons Canada. 2009

This Isn't What I Expected: Overcoming Postpartum Depression
Karen R Kleiman, MSW, & Valerie Raskin, MD. Bantam Books. 1994

Down Came The Rain
Brooke Shields. Hyperion. 2005

The Mother-to-Mother Postpartum Depression Support Book
Sandra Poulin. Berkley. 2006

Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression
Shoshana S Bennet, PhD, and Pec Indman, EdD. Mood Swings Press. 2003

The Postpartum Husband: Practical Solutions for Living With Postpartum Depression
Karen Kleiman. XLibris. 2000

Mothering the New Mother: Women's Feelings and Needs After Childbirth. A Support and Resource Guide
Sally Packsin. Newmarket Press. 2000

Websites

www.depressionafterdelivery.com
Consumer Advocacy Group

www.postpartum.net

www.motherrisk.com
Safety, medications and pregnancy – The Hospital for Sick Children,Toronto

www.hc-sc.ga.ca
Canadian government site

www.womensmentalhealth.org
Reliable new research from Harvard Boston

www.bcwomens.ca/services/healthservices/reproductivementalhealth.htm
BC program – first in Canada

www.mentalhealth.samhsa.gov
US government site

www.marchofdimes.com/pnhec
Great video of women

www.mhanj.org
New Jersey, strong advocacy

www.caringforkids.cps.ca
Canadian Paediatric Society

www.postpartumdads.org
Affiliated with Postpartum Support International

www.heretohelp.BC.ca
BC general mental health

www.checkfromtheneckup.ca
Ontario general mental health

www.mentalhealth.org.uk
British general mental health

www.4woman.gov/faq/postpartum.htm
The National Women's Health Information Center

www.houstonpostpartum.com/checklist.htm
A list of several "to-do" items for new moms to help them get through the day in a healthy way.

www.postpartumstress.com/things_you_can_do.html
A list of suggestions that may help women in their recovery from pregnancy-related depression.

www.postpartum.net/build-network.html
One of the important things a mother can do for herself is to reach out to others who can help her: family, friends, other mothers, and others who can provide emotional support. When mothers don't have close family or friends around them, they can still go looking for supportive relationships.

www.gov.ns.ca/health/mhs/reports_resources/reports.asp
Government website that provides links to other Canadian sites pertaining to mental health.

www.peigov.ca/infopei/index.php3?number=3277&lang=E
Government site that provides contact information for mental health services, agencies and support groups in PEI communities.

www.cmha.pe.ca
Canadian Mental Health Association programs and services in PEI. Click the Contacts link to access contact information for PEI Branches and Regional Offices.

www.gnb.ca/0051/0055/index-e.asp
Provincial Government site gives information about mental health and addictions services in New Brunswick and contact information for Community Mental Health Centres.

www.nb.cmha.ca
Canadian Mental Health Association programs and services in New Brunswick. Click Contact Us to see contact information for local NB Branches and Regions.

www.chebucto.ns.ca/Health/TeenHealth/mentalhealth/home.htm
Aimed at teens, but provides useful information about mental health and mental illness and many useful contacts and other mental health links.

www.cdha.nshealth.ca/default.aspx
Click Capital Health A–Z in the top menu, then select M, then Mental Health Services. Provides lots of information about programs and services in the Capital Health region.

www.cdha/nshealth.ca/facilities/nshospital/foundation/
Provides or supports mental health programs, fund raises for mental health. The Resources page provides links or contact information to community resources, provincial health services, and informative sites.

www.novascotia.cmha.ca
See the Programs and Services page for information on how to access mental health care in Nova Scotia. The Nova Scotia Branches page gives contact information to CMHA Branches in Nova Scotia.

www.cmhanl.ca
Offers public education about mental health. See the Links page for useful provincial, federal, and international links to services and agencies.

www.healtlhy.nl.ca/home.html
On the Home page, click Health Information in the Search section of the left side menu and enter Mental Health in the keyword field to find services in your area.

http://ourhealthyminds.com/tabid/93/Default.aspx
There are many mental health and related organizations in the Capital Health District that can be a tremendous help to people living with mental illness and their families.

www.cwla.org/positiveparenting/tipsdiscipline.htm
CWLA is a powerful coalition of hundreds of private and public agencies serving vulnerable children and families since 1920.

www.gov.ns.ca/health/mhs/where_to_find_help.pdf
Mental Health Service inquiries please contact the local mental health service in your area (PDF)

www.bcnd.org
Information for new dads. Explains postpartum depression and includes a handout that suggest many ways a father can help his partner when she is suffering from postpartum depression.

www.postpartum.net/Friends-and-Family/Tips-for-Postpartum-Partners.aspx
Information and suggestions for partners of mothers who are suffering from postpartum depression.

Appendix 2 • Community Care and Family Resource Centres

Nova Scotia Family Resource Centres

Family Matters – Annapolis Country Family Resource Centre
10 Middle Road
RR#1 Lawrencetown
Lawrencetown, Nova Scotia
B0S 1M0
Phone: (902) 584-2210
Fax: (902) 584-3181
edfamilymatters@ns.sympatico.ca
www.family-matters.ca

Annapolis Valley Hants CAPC
P.O. Box 893
Kentville, Nova Scotia
B4N 4H8
Phone: (902) 582-1375
Fax: (902) 582-1574
brittara@ns.sympatico.ca

Appletree Landing Children's Centre
1063 J Jordan Road
P.O. Box 159 Canning, Nova Scotia
B0P 1H0
Phone: (902) 582-3086
Fax: (902) 582-1535
atl@xcountry.tvwww.nsnet.org/appletreelanding

Bayers/Westwood Family Support Centre
3499 McAlpine Avenue
Halifax, Nova Scotia
B3L 3X8
Phone: (902) 454-9444
Fax: (902) 454-0008
ed@bayerswestwoodfrc.com
www.bayerswestwoodfrc.com

Bridgewater Family Support Centre
156 York Street
Bridgewater, Nova Scotia
B4V 1R3
Phone: (902) 543-1301
Fax: (902) 543-1828
debbiesmith@nsaliantzinc.ca
capc.bri@ns.sympatico.ca

Cape Breton Family Place
106 Townsend Street
Sydney, Nova Scotia
B1P 5E1
Phone: (902) 562-5616
Fax: (902) 562-8528
jlatulippe-rochon@familyplace.ca

15792 Central Ave.
Inverness, Nova Scotia
B0E 1N0
Phone : (902) 258-3002
Fax : (902) 258-2860

Unit 1 - 304 Pitt St.
Port Hawksberry, Nova Scotia
B9A 2T9
Phone: (902) 625-1496
Fax: (902) 625-5057

678 New Haven Rd.
Neil's Harbour, Nova Scotia
B0C 1N0
Phone: (902) 336-2208
Fax: (902) 336-2046

Chester and Area Family Resource Centre
8 Tremont Street
P.O. Box 99
Chester, Nova Scotia
B0J 1J0
Phone: (902) 275-4347
Fax: (902) 275-2013
cafrc@ns.aliantzinc.ca
www.chesterfamilycentre.ca

Dartmouth Family Centre
107 Albro Lake Road
Dartmouth, Nova Scotia
B3A 3Y7
Phone : (902) 464-8234
Fax: (902) 464-8232
rmanning@dartmouthfamilycentre.ca
www.dartmouthfamilycentre.ca

Digby County Family Resource Centre
19 Prince William Street
P.O. Box 163
Digby, Nova Scotia
B0V 1A0
Phone: (902) 245-6464
Fax: (902) 245-1026
dfrc@ns.sympatico.ca

Eastern Shore Family Resource Assoc.
5228 #7 Highway, Suite 203
Porter's Lake Shopping Centre
Porters Lake, Nova Scotia
B3E 1J8
Phone: (902) 827-1461
Toll Free: 1-866-847-1461
Fax: (902) 827-1464
esfamilyresource@ns.aliantzinc.ca
www.esfamily.org

Family Resource Centre of West Hants
10 Water St. P.O. Box 2847
Windsor, Nova Scotia
B0N 2T0
Phone: (902) 798-5961
Fax: (902) 798-5962
frcofwesthants@ns.sympatico.ca
www.geocities.com/frcofwesthants

Nova Scotia Family Resource Centres continued

Family SOS
7071 Bayers Road, Suite 337
Halifax, Nova Scotia
B3L 2C2
Phone: (902) 455-5515
Fax: (902) 455-7190
familysos@hfx.eastlink.ca

Greenwood Military Family Resource Centre
AVM Morfee Centre, School Road
P.O. Box 582
Greenwood, Nova Scotia
B0P 1N0
Phone: (902) 765-5611
Fax: (902) 765-1747
home@greenwoodmfrc.ca
www.greenwoodmfrc.ca

Halifax Military Family Resource Centre
Building 106 Windsor Park
P.O. Box 99000 Station Forces
Halifax, Nova Scotia
B3K 5X5
Phone: (902) 427-7788
Fax: (902) 427-7794
info@halifaxmfrc.ca
www.halifaxmfrc.ca

Kids Action
RR 1 General Delivery
Kennetcook, Nova Scotia
B0N 1P0
Phone: (902) 632-2442
Fax: (902) 632-2224
daphne.goodine@northnovacable.ca

Kids First Association
110 Provo Street
P.O. Box 966
New Glasgow, Nova Scotia
B2H 5K7
Phone: (902) 755-1213
Fax: (902) 755-1630
www.geocities.com/\mward@
kids1st.ca
www.kids1st.ca

Kings County Family Resource Centre
503 Main Street
Kentville, Nova Scotia
B4N 1L4
Phone: (902) 678-5760
family.centre@ns.sympatico.ca

Lunenburg Family Resource Centre
P.O. Box 1961
Lunenburg, Nova Scotia
B0J 2C0
lfrc@eastlink.ca
www.southshorefamilyresource.org

Maggie's Place - Colchester
129 Arthur Street
Truro, Nova Scotia
B2N 1Y2
Phone: (902) 895-0200
Fax: (902) 897-0127
maggiestruro@ns.aliantzinc.ca
www.maggiesplace.ca

Maggie's Place
11 Elmwood Drive
P.O. Box 1149
Amherst, Nova Scotia
B4H 4L2
Phone: (902) 667-7250
Fax: (902) 667-0585
maggiestruro@ns.aliantzinc.ca
www.maggiesplace.ca

Memory Lane Family Place Sackville Family Day Care Association
22 Memory Lane
Lower Sackville, Nova Scotia
B4C 2J3
Phone: (902) 864-6363
Fax: (902) 864-4998
children@accesswave.ca
www.memorylanefamilyplace.com

Mi'kmaq Child Development Centre
2161 Gottingen Street
P.O. Box 47012
Halifax, Nova Scotia
B3K 5Y2
Phone: (902) 422-7850
Fax: (902) 422-6642
mcdcahs@eastlink.ca

Single Parent Centre
3 Sylvia Avenue
Halifax, Nova Scotia
B3R 1J7
Phone: (902) 479-3031
Fax: (902) 477-2257
donna@hgahfx.ca

Musquodoboit Valley Family Resource Centre
12019 Highway 224
P.O. Box 88
Middle Musquodoboit, Nova Scotia
B0N 1X0
Phone: (902) 384-3924
Fax: 384-2921
mvfrc@staff.ednet.ns.ca

New Ross Family Resource Centre
4689 Highway 12
P.O. Box 106
New Ross, Nova Scotia
B0J 2M0
Phone: (902) 689-2414
Fax: (902) 689-2092
nrfrc@hotmail.com
www.nrfrc.150m.com

North End Parents Resource Centre
5475 Uniacke Street
Halifax, Nova Scotia
B3K 5V5
Phone: (902) 492-0133 or (902) 492-0263
Fax: (902) 492-4193
parentresource@hotmail.com

Parents Place
34 Barnard Street
Yarmouth, Nova Scotia
B5A 3T5
Phone: (902) 749-1718
Fax: (902) 749-1325
parentsplace@eastlink.ca
www.parentsplaceyarmouth.org

Queens Family Resource Centre
108 College Street
P.O. Box 1360
Liverpool, Nova Scotia
B0T 1K0
Phone: (902) 354-7176
Fax: (902) 354-2382
qfrckid@auracom.com
www.southshorefamilyresource.org

Shearwater Military Family Resource Centre
P.O. Box 298, 12 Wing
Shearwater, Nova Scotia
B0J 3A0
Phone: (902) 720-1040 or (902) 720-1885
Fax: (902) 720-1943
www.pspmembers.com/smfrc

Prince Edward Island Family Resource Centres

Kids West Family Resource Centre
555 Main Street
Alberton, PE C0B 1B0
Phone: (902) 853-4066
Fax: (902) 853-2622
Toll Free: 1- 800-778-3444
kidswest@pei.aibn.com

Family Place
East Prince Community Coalition Inc.
75 Central Street
Summerside, PE C1N 3L2
Phone: (902) 436-1348
Fax: (902) 888-3954
familyplace@eastlink.ca
www.peifamilyplace.com

Mi'kmaq Family Resource Centre
158 St Peters Road
Charlottetown, PE C1A 5P8
Telephone: (902) 892-0928
Fax: (902) 394-3084
mfrc@pei.aibn.com
www.mikmaqfamilyresources.ca

C.H.A.N.C.E.S. Inc.
Caring, Helping, and Nurturing Children Every Step
16 Brighton Road
Charlottetown, PE C1A 1T4
Phone: (902) 892-8744
Fax: (902) 892-3351
chances@isn.net
www.chancesfamily.ca

Centre de resources familiales Cap enfants
La Coalition actions pour enfants ltee
P.O. Box 9 24 Mill Road
Wellington, PE C0B 2E0
Phone: (902) 854-2123
Fax: (902) 854-2732

Toll Free: 1-866-854-2123

Families First
Voices for Children Coalition Inc.
P.O. Box 133
Montague, PE C0A 1R0
Phone: (902) 838-4600
Fax: (902) 838-4645

Main Street Family Resource Centre
Eastern Kings Community Coalition
P.O. Box 682
120 Main Street
Souris, PE C0A 2B0
Phone: (902) 687-3928
Fax: (902) 687-4087
mainfrc@pei.aibn.com

New Brunswick Family Resource Centres

Care'n'Share Family Resource Centre Inc.
341 Main Street
Chipman, New Brunswick
E4A 2M8
Phone: (506) 339-6726
Fax: (506) 339-6726
chipman@frc-crf.com

Regional Sites:

Minto : Minto Municipal Building
420 Pleasant Drive
Minto, New Brunswick
Cambridge: Cambridge Municipal Building
6 Municipal Lane
Cambridge Narrows, New Brunswick
Doaktown: Doaktown Arena
Doaktown, New Brunswick
Coles Island: Coles Island School
Coles Island, NB
Boiestown: Upper Miramichi Elementary School
Boiestown, NB

Greater Moncton Family Resource Centre
20-451 Paul Street, Suite 210
Dieppe, New Brunswick
E1A 6W8
Phone: (506) 384-7874
Fax: (506) 869-9916
moncton@frc-crf.com

Regional Sites :

Shédiac: 164 Pleasant Street, Shédiac Marina
Cap Pelé: 33 Chemin St André, Municipal Building
Memramcook: 580 Centrale St., Salle mère Marie Léonie Barachois
Salisbury:76 Smith Street ,Salisbury United Church
Riverview: 28 Woolridge Street, St. John The Baptist Anglican Church

Madawaska-Victoria Family Resource Centre Inc.
475 Terrace Street, Unit E
Grand Falls, New Brunswick
E3Z 1B3
Phone: (506) 473-6351
Toll Free: 1-866-905-9900
Fax: (506) 473-5211
amy.soucy@frc-crf.com

A Family Place Inc.
1204, rue Water
Miramichi, New Brunswick
E1N 1A2
Phone: (506) 622-5103
Fax: (506) 622-6879
miramichi@frc-crf.com

Fredericton Regional Family Resource Centre
60 Veteran's Drive
Fredericton, New Brunswick
E3A 4C3
Phone: (506) 474-0252
Fax: (506) 474-0253
fredericton@frc-crf.com

Acadian Peninsula Family Resource Centre
220 St-Pierre Boul. West, Suite 100
Caraquet, New Brunswick
E1W 1A5
Phone: (506) 727-1860
Fax: (506) 727 1862
caraquet@frc-crf.com

Chaleur Resource Centre for Parents
216 Main Steet Suite 100
Bathurst, New Brunswick
E2A 1A8
Phone: (506) 545-6608
Fax: (506) 546-3816
bathurst@frc-crf.com

Regional Sites:

Allardville (François Xavier Daigle School)
Robertville (La Croisée School)
Petit-Rocher (Le Tournesol School)
L'ecole La Decouverte

Restigouche Resource Centre for Parents
6 Prince William Street
Campbellton, New Brunswick
E3N 1X2
Phone: (506) 753-4172
Fax: (506) 753-0007
campbellton@frc-crf.com

Kent Family Resource Centre
21 Renaud Court
Richibucto, New Brunswick
E4W 4G8
Phone: (506) 524-9192 ou (506) 743-8444
Fax: (506) 524-9915
richibucto@frc-crf.com

The Family Resource Centre (S.J.) Inc.
211 Wentworth Street
Saint John, New Brunswick
E2L 2T4
Phone: (506) 633-2182
Fax: (506) 633-7417
saintjohn@frc-crf.com

Family Resource Centre of Charlotte County Inc.
126 Milltown Boulevard
P.O. Box 352
St. Stephen, New Brunswick
E3L 2X3
Phone: (506) 465-8181
Fax: (506) 465-8196
ststephen@frc-crf.com

Kings County Family Resource Centre Inc.
617 Main Street
Sussex, New Brunswick
E4E 7H5
Phone: (506) 433-2349
Toll Free: 1-800-573-8800
Fax: (506) 433-3463
sussex@frc-crf.com

Valley Family Resource Centre
110 Richmond Street, Unit 1
Woodstock, New Brunswick
E7M 2N9
Phone: (506) 325-2299
Fax: (506) 328-8896
woodstock@frc-crf.com

Support to Single Parents Inc.
154 Queen Street
Moncton, New Brunswick
E1C 1K8
Phone: (506) 384-7874
Fax: (506) 855-4116
apparent@nbnet.nb.ca

Fredericton AHS
Under One Sky
303 Union St.
Fredericton, New Brunswick
E3A 3M1

Fortune Bay North Family Resource Committee
P.O. Box 100
Belleoram, Newfoundland A0B 1B0
Phone: (709) 881 2181
Fax: (709) 881 2180
fbnfrc@cancom.net

Community Action Committee for Bay St. George
Coordinator: Bernice Hancock
P.O. Box 421
Stephenville, Newfoundland A2N 2Z5
Voice: (709) 643 5399
Fax: (709) 643 5490
bsgcacnf@thezone.net

Organization for Community Action Initiative
9 Vine Place
P.O. Box 712
Corner Brook, Newfoundland
A2H 6E6
Phone: (709) 634 2316
Fax: (709) 634 2319

Exploits Valley Community Coalition
Box 609
Botwood, Newfoundland
A0H 1E0
Phone: (709) 489 8940
Fax: 709 489 8599
CPNP@nf.sympatico.ca

The Burin Peninsula Brighter Futures Steering Committee
P.O. Box 659
Marystown, Newfoundland A0E 2M0
Phone: (709) 279 2922
Fax: (709) 279 2902
bpbs@nf.sympatico.ca

Brighter Futures Coalition of St. John's and District (1994)
44 Torbay Rd. Suite 200
St. John's, Newfoundland
A1A 2G4
Phone: (709) 739 8096
Fax: (709) 739 8097
futures@seascape.com

Gander Bay Community Coalition for Children
c/o Riverwood Academy
Wings Point, Newfoundland A0G 3R0
Phone: (709) 676 2475
Fax: (709) 676 2397
familyroom@thezone.net

North Shore Early Childhood Committee
P.O. Box 3764, R.R. #2
Corner Brook, Newfoundland
A2H 6B9
Phone: (709) 783 2996
Fax: (709) 783 2970
north.shore@ns.sympatico.ca

Trinity-Conception Family Resources Program
9 Newfoundland Drive
Carbonear, Newfoundland
A1Y 1A4
Phone: (709) 596-0712
Fax: (709) 596-0713
tcfamilyresourcecenter@thezone.net

Aboriginal Family Centre
P.O. Box 1949, Stn B,
Happy Valley,
Labrador A0P 1E0
Phone: (709) 896 4398
Fax: (709) 896 4408
afc@nf.aibn.com

Aboriginal Head Start Hopedale Sugwet Centre
P.OBox 135,
Hopedale, Labrador
A0P 1G0
Phone: (709) 933-3846
Fax: (709) 933-3645
liathope@cancom.net

Sheshatshiu Innu Band Council
P.O. Box 160
Sheshatshiu, Newfoundland
A0P 1M0
Daybreak Parent Child Centre
74 The Boulevard
St. John's, Newfoundland
A1A 1K2
Phone: (709) 726-8373
Fax: (709) 726-1607
mbethel@daybreak.com

Kilbride to Ferryland Family Resource Centre
P.O. Box 1039
Goulds, Newfoundland
A1S 1H2
Phone: (709) 747-8532
Fax: (709) 747-8531
kffrc@nfld.com

Dover And Area Community Family Coalition
P.O. Box 250
Dover, Newfoundland
A0G 1X0
Phone: (709) 537-2990
Fax: (709) 537-2991
doverfrc@nf.aibn.com

Fogo Island Family Resource Program
P.O. Box 113
Fogo, Newfoundland
A0G 2B0
Phone: (709) 266-1522
Fax: (709) 266-2384
familyresourcecentre@hotmail.com

Jamie Collins, Developmental Coordinator
Conception Bay FRP
P.O. Box 14235 Station Manuels
Conception Bay South, Newfoundland
A1W 3J1

Neighbourhood of Friends
86 Manitoba Drive, Suite 101
Clarenville, Newfoundland
A5A 1K7
Phone: (709) 466-1511
Fax: (709) 466-2766
neighbourhood@nf.aibn.com

Kim Cooper, Developmental Coordinator
c/o Central Health Lewisporte Office
P.O. Box 1209
Lewisporte, Newfoundland
A0G 3A0

Placentia & Outreach Area FRC
P.O. Box 156
Placentia, Newfoundland
A0B 2Y0
Phone: (709) 227-1010
Fax: (709) 227-1020
steppingstones03@hotmail.com

Vista Family Resource Centre
P.O. Box 458
Bonavista, Newfoundland
A0C 1B0
Phone: (709) 468-2540
Fax: (709) 468-2587
vistafamily@nf.aibn.com

Baie Verte Peninsula Family Resource Program
P.O. Box 659
Baie Verte, Newfoundland
A0K 1B0
Phone: (709) 532-4519
Fax: (709) 532-4299
familyresourceprogram@nf.aibn.com

Kids First Family Resource Centre
P.O. Box 230
Port Saunders, Newfoundland
A0K 4H0
Phone: (709) 861-4047
Fax: (709) 861-4048
kidsfirst@nf.aibn.com

Northern Peninsula Family Resource Centre
P.O. Box 774
St. Anthony, Newfoundland
A0K 4S0
Tel and Fax: (709) 454-3122
Fax: (709) 454-3310
stanthonyfrc@nf.aibn.com

Tree House Family Resource Centre
1 Poplar Road
Deer Lake, Newfoundland
A8A 1Z3
Phone: (709) 635-5808
Fax: (709) 635-5812
drlakeafrc@nf.aibn.com

Training Wheels Family Resource Centre
P.O. Box 809
Springdale, Newfoundland
A0J 1T0
Phone: (709) 673-3984
Fax: (709) 673-3955
trainingwheels_frc@nf.aibn.com

Aboriginal Family Centre (HBC)
P.O. Box 1949, Station B
Happy Valley-Goose Bay, Labrador
A0P 1E0
Phone: (709) 896-4398
Fax: (709) 896-4408
afc@hvgb.net

First Steps Family Resource Centre
P.O. Box 102
Labrador City, Newfoundland
A2V 2K3
Phone: (709) 944-7477
Fax: (709) 944-7295
firststeps@crrstv.net

Labrador Straits Family Resource Centre
P.O. Box 57
West St. Modeste, Newfoundland
A0K 5S0
Phone: (709) 931-2888
Fax: (709) 931-2224
jodyhancockfrc@yahoo.com

Piguttuk Family Resource Program
P.O. Box 179
Nain, Newfoundland
A0P 1L0
Phone: (709) 922-2003
Fax: (709) 922-2004
piguttukfamilyresourcecentre@yahoo.ca

Happy Valley-Goose Bay Family Resource Centre
P.O. Box 2536 Stn B
Happy Valley-Goose Bay,
Newfoundland
A0P 1E0
hvgb-frc@hotmail.com

Southern Labrador Family Centre
P.O. Box 161
Mary's Harbour, Newfoundland
A0K 1T0
Phone: (709) 921-6411 Fax:
slfc@aibn.com

Sheshatshiu Family Resource Centre
P.O. Box 160
Sheshatshiu, Labrador
A0P 1M0
Phone: (709) 497-8739

Prince Edward Island Community Mental Health Centres

Souris
Tel: 902 687 7110
Fax: 902 687 7119

Montague
Tel: 902 838 0960
Fax: 902 888 0961

Charlottetown
Tel: 902 368 4911
Fax: 902 368 6189

Charlottetown
Tel: 902 368 4430
Fax: 902 368 4427

Summerside
Tel: 902 888 8180
Fax: 902 888 8173

Alberton
Tel: 902 853 8670
Fax: 902 853 0420

New Brunswick Community Mental Health Centres

Region 1

CMHC (Satellite Clinic)
Tel: 856 2444
Fax: 856 2995

CMHC (Satellite Clinic)
Tel: 506 533 3354
Fax: 506 533 3376

Moncton CMHC
Tel: 506 856 2444
Fax: 506 856 2995

Richibucto CMHC
Tel: 506 523 7620
Fax: 506 523 7678

Region 2

CMHC (Satellite Clinic)
Tel: 755 4044
Fax: 755 1807

CMHC (Satellite Clinic)
Tel: 662 7023
Fax: 662 7029

Saint John CMHC
Tel: 506 658 3737
Fax: 506 432 2046

Sussex CMHC
Tel: 506 432 2090
Fax: 506 432 2046

St. Stephen CMHC
Tel: 506 466 7380
Fax: 506 466 7501

Region 3

CMHC (Satellite Clinic)
Tel: 506 273 4701
Fax: 506 273 4728

Fredericton CMHC
Tel: 506 453 2132 (Adult Services)
506 444 5337 (Child and Fam. Serv.)
Fax: 506 453 8766

Woodstock CMHC
Tel: 506 325 4419
Fax: 506 325 4610

Region 4

Edmundston CMHC
Tel: 506 735 2070
Fax: 506 737 4448

Grand Falls CMHC
Tel: 506 475 2440
Fax: 506 475 2452

Region 5

CMHC (Satellite Clinic)
Tel: 284 3431
Fax: 284 3426

Campbellton CMHC
Tel: 506 789 2440
Fax: 506 753 6969

Region 6

CMHC (Satellite Clinic)
Tel: 394 3760
Fax: 394 3770

CMHC (Satellite Clinic)
Tel: 336 3367
Fax: 336 3366

Bathurst CMHC
Tel: 506 547 2038
Fax: 506 547 2978

Caraquet CMHC
Tel: 506 726 2030
Fax: 506 726 2090

Region 7

Miramichi CMHC
Tel: 506 778 6111
Fax: 506 778 5296

Nova Scotia Community Mental Health Centres
Annapolis Valley HA

Mental Health Services Kentville Adult, Youth and Child
Tel: 902 679-2870

Mental Health Services Middleton
Tel: 902 825 4825

Mental Health Services Berwick
Tel: 902 538-7630

Addiction Services Kentville
Tel: 902 679 2392

Addiction Services Middleton
Tel: 902 825 1341

Cape Breton Health Authority

Emergency Crisis Services
Tel: 902 567 7767

Adult Outpatient Services
Tel: 902 567 7730

Child/Adolescent Services
Tel: 902 567 7731

Addictions
Tel: 902 563 2550

Capital District Health Authority

Addictions
Tel: 902 424 8866 or 1 866 340 6700

Mobile Crisis Intervention Service
Tel: 1-888-429-8167

MH Services, Bedford-Sackville
Tel: 902 865 3663

MH Service, Dartmouth
Tel: 902 466-1830

Community Mental Health, Halifax
Tel: 902 454 1400 or 454 1440
Cole Harbour/Eastern HRM
Tel: 902 434 3263

Emergency Assessment, QEII
Tel: 902 473-2700

IWK Health Centre

Child/Adolescent MH Program
Tel: 902 464 4110
Addiction – CHOICES (teens)
Tel: 902 470 6300

Mobile Crisis Intervention Service
Tel: 902 429 8167 (9am to 5pm)

Mental Health Nurse Advocate
Tel: 902 470 6755

Patient & Family Advocate
Tel: 902 470-7302

Colchester East Hants Health Authority

Mental Health Services
Tel: 893-5526

Addiction Services
Tel: 902 893 5900

Cumberland Health Authority

Mental Health Services
Tel: 902 667 3879

Addiction Services (Springhill)
Tel: 902 597 8647

Addiction Services (Amherst)
Tel: 902 667 7094

Guysborough, Antigonish, Strait Health Authority

Mental Health Services
Tel: 902 867-4500

Addictions Antigonish
Tel: 902 863 5393 Ext.4600

Addictions Port Hawkesbury
Tel: 902 625 2363

Pictou County Health Authority

Mental Health Services
Tel: 902 755 1137

Addictions Services
Tel: 902 755 7017

South Shore Health Authority

Mental Health Services
Tel: 902 527 5228

Addiction Services Lunenburg
Tel: 902 634 7325

South West Nova District Health Authority

Mental Health Services Yarmouth
Tel: 902 742 4222

Mental Health Services Shelburne
Tel: 902 875 4200

Mental Health Services Digby
Tel: 902 245 4709

Addictions Yarmouth
Tel: 902 742 2406

Newfoundland and Labrador Community Mental

HealthCentres

Mental Health Crisis Line
Tel: 709 777-3200 or1 888 737 4668

Health & Community Services (St. John's)
Tel: 709 752 4800

Health & Community Services (Pleasantville)
Tel: 709 752 4801

Health & Community Services (Mt. Pearl)
Tel: 709 452 4317

Health & Community Services (Conception Bay South)
Tel: 709 834 7912

Mental Health & Addictions (Grand Falls – Windsor)
Tel: 709 489 8180

Mental Health & Addictions (Lewisporte)
Tel: 709 535-0497, 709 535-0497

Mental Health & Addictions (St. Alban's)
Tel: 709 538-3738, 709 538-3738

Mental Health & Addictions (Gander)
Tel: 709 256 2183 or 709 256 5438

Adult Mental Health Services (Cornerbrook)
Tel: 709 634 4506, Fax: 709 634 0160

Mental Health & Addiction Services (Deer Lake)
Tel: 709 635 7830, Fax: 709 635 5211

Addiction Services (Stephenville)
Tel: 709 643 8720
Fax: 709 643 6212

Mental Health & Addictions Services (Burgeo)
Tel: 709 886 2185, Fax: 709 886 2301

Mental Health & Addictions Services (Port aux Basque)
Tel: 709 695 4619, Fax: 709 695 7990

Mental Health & Addictions Services (Norris Point)
Tel: 709 458 2381 Ext. 266
Fax: 709 458 2943

Mental Health & Addictions Services (Port Saunders)
Tel: 709 861 9125, Fax: 709 861 3762

Mental Health Rehabilitation Nurse
Tel: 709 637 5000 Ext. 5346

Captain William Jack Memorial Hospital
Tel 709 944 2632

Charles S. Curtis Memorial Hospital
Tel 709 454 3333

Labrador Health Centre
Tel: 709 897 2000

Cartwright Community Clinic
Tel: 709 938 7285

Churchill Falls Community Clinic
Tel: 709 925 3381

Port Hope Simpson Community Clinic
Tel: 709 960 0271

White Bay Central, Tel: 709 457 2215

Strait of Belle Isle
Tel: 709 456 2401

Labrador South Health Centre
Tel: 709 931 2450

Appendix 4 • Mental Health Advocacy and Information

Canadian Mental Health Association (CMHA)

Nova Scotia CMHA

Nova Scotia Division
63 King Street
Dartmouth, NS B2Y 2R7
Tel: 902 466 6600
Fax: 902 466 3300
cmhans@eastlink.ca
www.novascotia.cmha.ca

Annapolis County Branch
1043 Highway 1
P.O. Box 205
Cornwallis, Nova Scotia
B0S 1H0
Phone: (902) 638-8164
Fax: (902) 665 5084
chapelcreekgallery@ns.sympatico.ca

Cape Breton Branch
1482 George Street
Sydney, Nova Scotia
B1P 1P3
Phone: (902) 567 7735
Fax: (902) 567 7905
cmhacbrh@cbdha.nshealth.ca

Colchester/East Hants County Branch
P.O. Box 1413
Truro, Nova Scotia
B2N 5V2
Phone: (902) 895-4211
Fax: (902) 895-4027
cmha@eastlink.ca
www.cmhaceh.ca/

Halifax-Dartmouth Branch
Bloomfield Centre, Room 216
2786 Agricola St.
Halifax, Nova Scotia
B3K 4E1
Phone: (902) 455-5445
Fax: (902) 455-7858
www.cmhahaldart.ca

King's County Branch
109 - 49 Cornwallist St.
Kentville, Nova Scotia
B4N 4H8
Phone: (902) 679-7464
Fax: (902) 679-7470
programmanager@cmhakings.ns.ca
www.cmhakings.ns.ca/

Lunenburg County Branch
17 - 450 LaHave St.
Bridgewater, Nova Scotia
B4V 3T2
Phone: (902) 541-1153
Fax: (902) 543-7082
cmha.lunenburg@gmail.com
http://www.cmhalq.com/

Pictou Branch
P.OBox 959,
New Glasgow, Nova Scotia
B2H 5K7
Location address:
825 East River Rd
New Glasgow, NS B2H 1S7
Phone: (902) 752-5578
drobins@pchg.net

Yarmouth, Digby, Shelburne Branch
37 Brunswick Street
Yarmouth, Nova Scotia
B5A 2E7
Phone: (902) 742-0222
Fax: (902) 742-9301
info@cmhayds.com
www.cmhayds.com/

TELEPHONE HELP LINES

HealthLink
811

HealthLink for Hearing Impaired
711

New Brunswick CMHA

New Brunswick Division
403 Regent Street, Suite 202
Fredericton, New Brunswick
E3B 3X6
Phone: (506) 455-5231
Fax: (506) 459-3878
cmhanb@nb.aibn.com
www.nb.cmha.ca

Albert Co. Branch Inc.
5295 Route 114
Hopewell Hill, New Brunswick
E4H 3M7
Phone: (506) 882-2604
Fax: (506) 882-2884
avtc@nbnet.nb.ca

Charlotte Co. Branch Inc.
5 Riverview Avenue
St. George, New Brunswick
E5C 3M1
Phone: (506) 755-4060
Fax: (506) 755-4060
roz.allen@gnb.ca

Fredericton/Oromocto Region Branch Inc.
65 Brunswick St., Suite 292
Fredericton, New Brunswick
E3B 1G5
Phone: (506) 458-1803
Fax: (506) 453-9001
cmhafo@nb.aibn.com
www.cmhafo.ca

Grand Falls Branch
131 Pleasant Street
Grand Falls, New Brunswick
E3Z 1G1
Phone: (506) 475-2415
Fax: (506) 475-2452

Madawaska Branch
121 Church Street, Suite 331
Edmundston, New Brunswick
E3V 1L1
Phone: (506) 739-9489
Fax: (506) 737-4448
denyse.mazerolle2@gnb.ca

Miramichi Branch
1780 Water Street, Suite 300
Miramichi, New Brunswick
E1N 1B6
Phone: (506) 773-7561
Fax: (506) 778-5296
charline.mclean@gnb.ca

Moncton Region Branch Inc.
30 Gordon Street, Suite 104
Moncton, New Brunswick
E1C 8R9
Phone: (506) 859-8114
Fax: (506) 859-9581
cmhamctn@nb.aibn.com
www.cmhamoncton.ca

Saint John Branch Inc.
15 Market Square, Suite 1500
Saint John, New Brunswick
E2L 1E8
Phone: (506) 633-1705
Fax: (506) 633-2892
cmha@nb.aibn.com

Newfoundland and Labrador CMHA

Newfoundland and Labrador Division
70 The Boulevard
1st Floor
St. John's, Newfoundland
A1A 1K2
Phone: (709) 753-8550
Fax: (709) 753-8537
office@cmhaNewfoundland.ca
www.cmhaNewfoundland.ca

Schizophrenia Society of Nova Schizophrenia Society of Nova Scotia (SSNS)
Tel: 902 465 2601 or 1 800 465 2601

SSNS Support Group Cape Breton
Tel: 1 800 465 2601

SSNS Support Group Colchester/ East Hants
Tel: 1 800 465 2601

SSNS Cumberland Chapter
Tel: 1 800 465 2601

SSNS Support Group Guysborough-Antigonish-Strait Area
Tel: 1 800 465 2601

SSNS Halifax Regional Municipality Chapter
Tel: 902 462 5658

SSNS Kings County Chapter
Tel: 1 800 465 2601

SSNS Lunenburg County Chapter
Tel: 1 800 465 2601

SSNS Support Group Middleton
Tel: 1 800 465 2601

Capital District Health Authority

Healthy Minds Cooperative
Tel: 902 404 3504

Self-Help Connection
Tel: 902 466 2011

Empowerment Connection
Tel: 902 404 3445

Prince Edward Island CMHA

Prince Edward Island Division
P.O. Box 785
178 Fitzroy St.
Charlottetown, Prince Edward Island
C1A 7L9
Phone: (902) 566 3034
Fax: (902) 566 4643
division@cmha.pe.ca
www.cmha.pe.ca

Prince County Branch
11 - 67 Duke St.
Summerside, Prince Edward Island
C1N 3R9
Phone: (902) 436 7399
Fax: (902) 436 2209
assoc.executivedirector@cmha.pe.ca

West Prince Branch
P.O. Box 537
Alberton, Prince Edward Island
C0B 2B0
Phone: (902) 853 3871
Fax: (902) 853 3877
cmhawest@cmha.pe.ca

Appendix 5 • Focus Group Presentation

Atlantic Mothers' Mental Health Community Action Project
Needs Assessment: Mothers' Focus Group Guide

Introduction

The **Atlantic Mothers' Mental Health Community Action Project** is led by the Dartmouth Family Centre and the Reproductive Mental Health Service of the IWK Health Centre; supported by Public Health Agency of Canada (PHAC) Atlantic, the Mental Health Foundation of NS, the Capital District Health Authority's Mental Health Program and the advisory board members from Community Action Program for Children (CAPC)/ Canadian Prenatal Nutrition Program (CPNP) projects throughout the Atlantic region.

In March of 2010 we will produce a Mother's Mental Health Toolkit for use by projects and other community resources in their primary response to the mental health needs of mothers of children under 3. A mother's emotional well being is key to positive child outcome. Yet some of the most vulnerable women may not access the supports or services they would seem to benefit from.

The project team will begin the work by asking for the view and experience of the community – of women and mothers, of CAPC/CPNP staff, and of other health and community workers. We are asking CAPC/CPNP advisory members to assist in establishing a focus group of their particular clientele of women and mothers.

We seek to understand what women believe creates emotional or mental health in mothering. As well, we are interested in what their expectations are of support, what their experience may have been of seeking help or treatment and what they would like to see in the community's knowledge of mother's mental health.

We hope the depth of mothers' reflections, ideas and wishes will help us create the most relevant and useful Toolkit. CAPC/CPNP Projects' connection to the mothers in their Atlantic Canadian communities enriches our understanding as to their particular needs taking into account culture and community.

Focus Group Guide

Key ideas:

- mothers' ideas are key to the project
- can draw on their own or others' experience
- awareness of mental health and mental illness on a spectrum
- interested in what they think are mental health problems
- what might help
- what has been difficult
- how does stigma affect their lives

Mode of record:

1 staff records responses to guide questions
1 staff captures direct quotes from women on flip chart

Introduction:

We've brought this group together to help us with the first part of a project on mothers' mental health. We want to know about your experiences as mothers, what services you know about or have tried to find, and your ideas about what would improve emotional life for women who are pregnant or have young children.

Start by thinking if you know someone or have experience yourself, while pregnant or mothering children under 3, of problems with emotions, behaviour or functioning that may have been a mental health problem. Being a mother is a difficult job and involves a lot of different kinds of changes and stresses.

Question Guide

1. What has been your experience of mental health problems for mothers?

What do you think helps a mother be emotionally healthy?

Do you think you know someone who has had mental health issues while pregnant or parenting young children?

What were the signs that something was wrong? Emotions? Behaviours? Coping?

How did the mental health issue affect their life, their ability to function/cope?

Did anything help at the time?

What didn't help?

Did the problem affect parenting in any way?

2. What do you see as important supports for mothers with mental health problems?

Supports in good times or difficult times?

What has been your experience of different supports – family? friends? neighbours? community staff? medical or nursing staff?

Do you have ideas for new or increased supports for mothers in your area that would support emotional health?

3. What has been your experience of services for mental health problems?

Have you or someone you know tried to find help for a mental health problem?

How did that go? Did you/they benefit?

Can you describe any problems with services? Timing? Suitable for the problem? Understanding of what it was meant to do? Access/transportation?

Can you think of anything that would have seemed to help the person that wasn't available?

What might keep a woman from seeking out services?

4. What do you think people in your community know about mother's emotional health, or mother's mental health problems?

What do people not seem to understand?

Did you ever experience trying to tell someone about a mental health problem? How did that go? What would hold someone back from talking about their emotions and coping?

What would help to improve the community's understanding of mothers' mental health challenges?

Anything this project should think about that we haven't already asked?

Appendix 6 • Focus Group Results

A focus group questionnaire (Appendix 5) combined with a tailored consent (Appendix 7) was developed early in the project with the goal of obtaining valuable information from the women in regard to previous experiences, present situations, and future hopes. A participatory action research approach influenced the mode of data collection, which involved project and family resource staff facilitating focus groups.

Coordinated by the "IWK Folks" and facilitated by family resource and IWK staff, the focus groups were completed during a four-week period. Consents were signed and returned and a summary was formed and presented to Advisory Board Members.

During a two-month period, information was collected from women who used the CPNP Family Resource Centres throughout Atlantic Canada. Once results were collected themes emerged from the data.

Focus Group Participants

Forty women who use CPNP Family Resource Centres in Atlantic Canada participated in the information-gathering phase of the project during November and December 2009. They not only shared their experiences but also gave recommendations for providers pertaining to access and service.

The following chart shows the location and participant number for each area.

Location	Number of Participants
Dartmouth NS	7
Digby NS	11
Fredericton NB	3
Summerside PE	9
Peterview NL	4
Grand Falls-Windsor NL	6

Each woman who participated in the focus groups was given oral and written information about the project and each signed and dated a consent developed for these sessions (Appendix 7). The facilitators were given guidelines and questions to orally review. The method of recording was left up to the facilitators but was discussed in the package created by the co-coordinators.

Focus Group Findings

1. What has been your experience of mental health problems for mothers?

Prompting questions included

What do you think helps a mother be emotionally healthy?
Do you think you know someone who has had mental health issues while pregnant or parenting young children?
What were the signs that something was wrong? Emotions? Behaviours? Coping?
How did the mental health issue affect their life, their ability to function/cope?
Did anything help at the time? What didn't help?
Did the problem affect parenting in any way?

Responses:
community including familial supports within parenting
work-life balance
respite from children
connectedness – lack of isolation
positive parenting feedback
changes in mood
issues with attachment
negatively impacted family and community relationships
negatively impacted parent-child relationship
negatively impacted daily function
negatively impacted cognitive ability
treatment
break from childcare/respite
family and community support
distraction
lack of mental health resource
lack of awareness and understanding from health providers
lack of awareness and understanding from family
attachment and self-worth in regard to parenting
confidence
relationships with others

2. What do you see as important supports for mothers with mental health problems?

Prompting questions included
Supports in good times or difficult times?
What has been your experience of different supports: family? friends? neighbours? community staff? medical or nursing staff?

Responses:
family and community supports
childcare services
weekend and night services
hotline for 24-hour services

3. What has been your experience of services for mental health problems?

Prompting questions included
Have you or someone you know tried to find help for a mental health problem?
How did that go? Did you/they benefit?
Can you describe any problems with services? Timing? Suitable for the problem? Understanding of what is was meant to do? Access/transportation?
Can you think of anything that would have seemed to help the person that wasn't available?
What might keep a woman from seeking out services?

Responses:
benefits of medication and therapy
too frightened to seek treatment
self-help
fear of judgment
fears of being seen as incapable of providing care to their children,
stigma
denial
fear of rejection
fear of being labelled unfit
guilt and shame about the idea of mental illness
transportation
money to travel
no buses to the services
lack of services
not screened in by the mental health service
not a priority
referrals to the wrong services
wait lists
no support for partners
couldn't access family doctor

4. What would help to improve the community understanding of mental health challenges? Do you think people in your community know about mother's emotional health or mother's mental health problems?

Prompting questions included
What do people not seem to understand?
Did you ever experience trying to tell someone about a mental health problem? How did
that go? What would hold someone back from talking about their emotions and coping?
What would help to improve the community's understanding of mothers' mental health challenges?
Anything this project should think about that we haven't already asked?

Responses:
lack of understanding from health professionals and family
stigma in regard to mental health
insight
more awareness
mental health awareness campaigns
more support groups
prenatal classes focus on mental health
screening by professionals
give info in school system
police have a better understanding
demystify the process and the problem
education for fathers and family members
additional information on mental health diagnosis
better comprehensive assessments of mothers of infants
the need for more supports, including more professional disciplines

Appendix 7 • Focus Group Consent Form

Focus Group – Informed Consent
Mothers' Mental Health Community Action Project

The Mothers' Mental Health Community Action Project is led by the Dartmouth Family Centre and the Reproductive Mental Health Service of the IWK Health Centre.

We seek to understand what women believe creates emotional or mental health in mothering, what their expectations are of support and what their experience has been in seeking help or treatment. We believe your input in this focus group will help us create a useful toolkit.

This focus group is **voluntary.** During the focus group you chose whether to answer a question(s). You may ask at any time for something that you have said to not be included.

Any information you share is not identified by your name or any personal details. The information only goes to the staff involved in this project. All verbal and written information is confidential. However, if information was shared that indicated harm to a child or person confidentiality does not apply. The project promotes emotional health and **safety** for women and children.

Documentation will be password protected and can only be accessed by the project assistant and coordinators. Furthermore, the results of this focus group will be presented as a group and no individual comments will be identified.

If you have any questions please contact Cheryll Fitzpatrick, Project Assistant at cheryll.fitzpatrick@cdha.nshealth.ca or by phone (**Wed. only**) at 902-473-1890.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this focus group.

Participant's Signature: _____ Date: _____

Mothers' Mental Health Community Action Project
Service Provider Survey Tool

Thank you for taking the time to fill out this survey.

We have contacted you to ask about your opinions and ideas on mothers' mental health.

The **Mothers' Mental Health Community Action Project** is led by the Dartmouth Family Centre and the Reproductive Mental Health Service of the IWK Health Centre. It is supported by the Public Health Agency of Canada (PHAC), the Mental Health Foundation of Nova Scotia, and the CDHA and IWK mental health programs. The advisory board represents CAPC/CPNP projects from all four Atlantic Provinces.

The Project will develop a toolkit of advocacy, awareness, education, and self-care materials we hope will be helpful to front-line community service providers in their work with vulnerable mothers. This survey, along with client focus groups completed in your community, will help us create a relevant and useful toolkit of resources for working with this population.

We are seeking to understand what women believe creates emotional or mental health in mothering, what their expectations are of support, and what their experience has been in seeking help or treatment.

We wish to gain from your knowledge and understanding as a community service provider. What do you think should be the priorities? What are the needs? Can you identify gaps in serving mothers and young children when it comes to mental health?

This electronic and paper survey is confidential and password protected and can only be accessed by the project assistant and coordinators. Collated, combined data will be used for the planning and development of this project.

If you have questions or ideas, please contact Cheryll Fitzpatrick, Project Assistant at cheryll.fitzpatrick@cdha.nshealth.ca or by telephone on Wednesdays only at (902) 473-1890.

Regards,

Coleen Flynn, MSW, RSW
Project Co-coordinator

Joanne MacDonald, MD FRCPC
Project Co-coordinator

We are interested in learning about your experience working with mothers with mental health problems.

Please describe your work/profession/job title or focus.

_____
_____

1. What has been your experience in working with mothers with mental health issues?

_____
_____

a) How often would you work with mothers with mental health issues?

Never	❍
Some of the time	❍
Most of the time	❍
All of the time	❍
N/A	❍

b) What were the signs that something was wrong with the mothers you worked with? Check all that apply.

Emotions	❍
Behaviours	❍
Coping Style	❍
Mothers own assessment	❍

c) How would you describe the mental health problems you are seeing?

_____
_____

d) How did the mental health issue affect the woman's life? Check all that apply.

Impede function	❍
Negatively effect daily living	❍
Impact on parenting	❍
Impact on coping	❍

e) Did any other factors help the woman's situation?

_____
_____

f) Did any personal or social factors not help her situation?

_____
_____

2. Support and services for mothers with mental health issues.

a) Are there supportive services for mothers with mental health issues in your community? If so, please describe. Mental Health Services located at the hospital. Private counselors/therapists.

If yes, are those services readily available?

Never	❍
Some of the time	❍
Most of the time	❍
All of the time	❍
N/A	❍

b) How would you rate the significance of the barriers listed below for mothers with mental health issues who are seeking help?

	Not significant	Significant	Very Significant
Lack of information about services	❍	❍	❍
Lack of transportation	❍	❍	❍
Poverty	❍	❍	❍
Wait list for services	❍	❍	❍
Location of services	❍	❍	❍
Any other (Specify):_____	❍	❍	❍

Comments:

_____

_____

c) Mothers with mental health issues have reported having trouble getting the kind of help they need, why do you think this is reported?

_____

_____

3. Maternal mental health community knowledge.

a) How would you rate the current level of community knowledge pertainng to mothers' mental health?

Poor	❍
Fair	❍
Good	❍
Excellent	❍

b) What would help to improve the community understanding of mental health challenges?

_____

_____

c) What specifically would be useful to you in a broad range of toolkit resources or materials?

_____

_____

Do you have any comments for us?

Thank you for completing this survey.

If you are interested in receiving the Mothers' Mental Health Toolkit please contact the Program Assistant, Cheryll Fitzpatrick, at cheryll.fitzpatrick@cdha.nshealth.ca or by phone (Wed. only) at 902-473-1860.

Appendix 9 • Service Provider Survey Results

The service provider survey was created by the co-coordinators and program assistant. The administration of the survey was directed by the Advisory Board members. To avoid assumption, the Advisory gave names of service providers/stakeholders in their given communities. Those identified received hard copies or emailed outlines of the survey tool.

In general, the thirteen respondents represented the following areas of service provision: psychiatry, social work, public health nurse, family practice nurse, transition house worker, medical student, mental health therapist, and family support worker.

Emerging themes:

- All service providers had some contact with women experiencing mental health issues.
- They encountered a broad range of severity from mildly affected to dangerously ill.
- Problems ranged from adjustment to diagnosis of major mental illness to issues of coping and personality disordered traits.
- All respondents identified impaired function in daily living and negative impact on parenting as key features of maternal mental illness.
- Lack of service and difficulties accessing pre-existing services were key barriers listed by respondents.

"How would you rate the significance of the barriers listed below for mothers with mental health issues who are seeking help?"

	Not significant	Significant	Very Significant
Lack of information about services	0	5	5
Lack of transportation	1	2	7
Poverty	0	3	7
Wait list for services	0	3	7
Location of services	2	4	4
Any other	0	2	3

Thirteen service providers participated in the survey, but not not all participants answered these questions about barriers.

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We welcome your comments on this toolkit!
Do you have feedback?

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Is there anything else you feel should have been included?

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