

Connecting With Expectant Parents Through Collaboration With Consumers



Presenters: Debbie Spink – Peer Educator

Helen Funk – Clinical Nurse Midwife, Metro North Hospital Health Service

The Collaborators

1. Midwives
2. Perinatal Mental Health Nurses
3. Consumers/Peers
 - Who is a Consumer?
 - What is an *'active consumer'*?
 - What does a Consumer Representative do?
 - What is Peer Support?
 - What does a Peer Worker do?

Peer Support

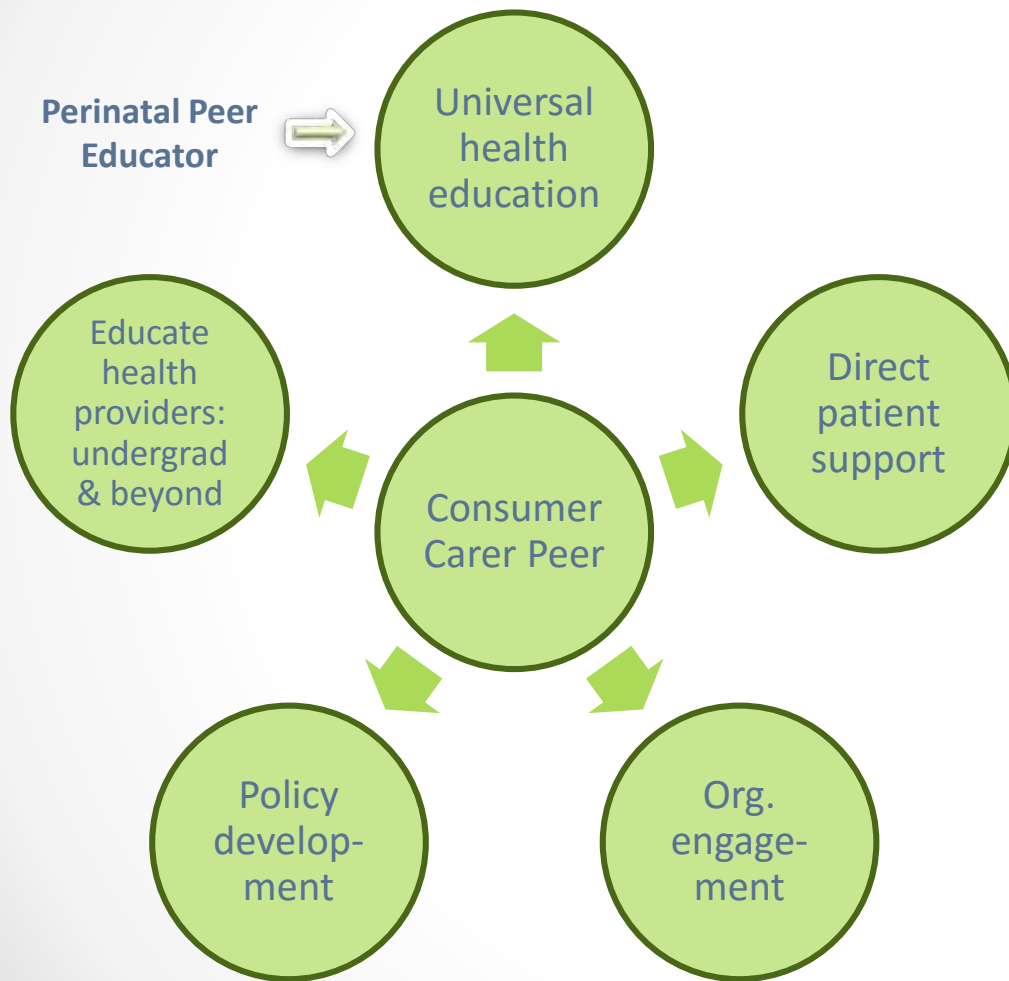
Core Principles:

- Mutuality
- Reciprocity
- Non-directive
- Recovery focused
- Strengths based
- Inclusivity
- Progressive
- Safe

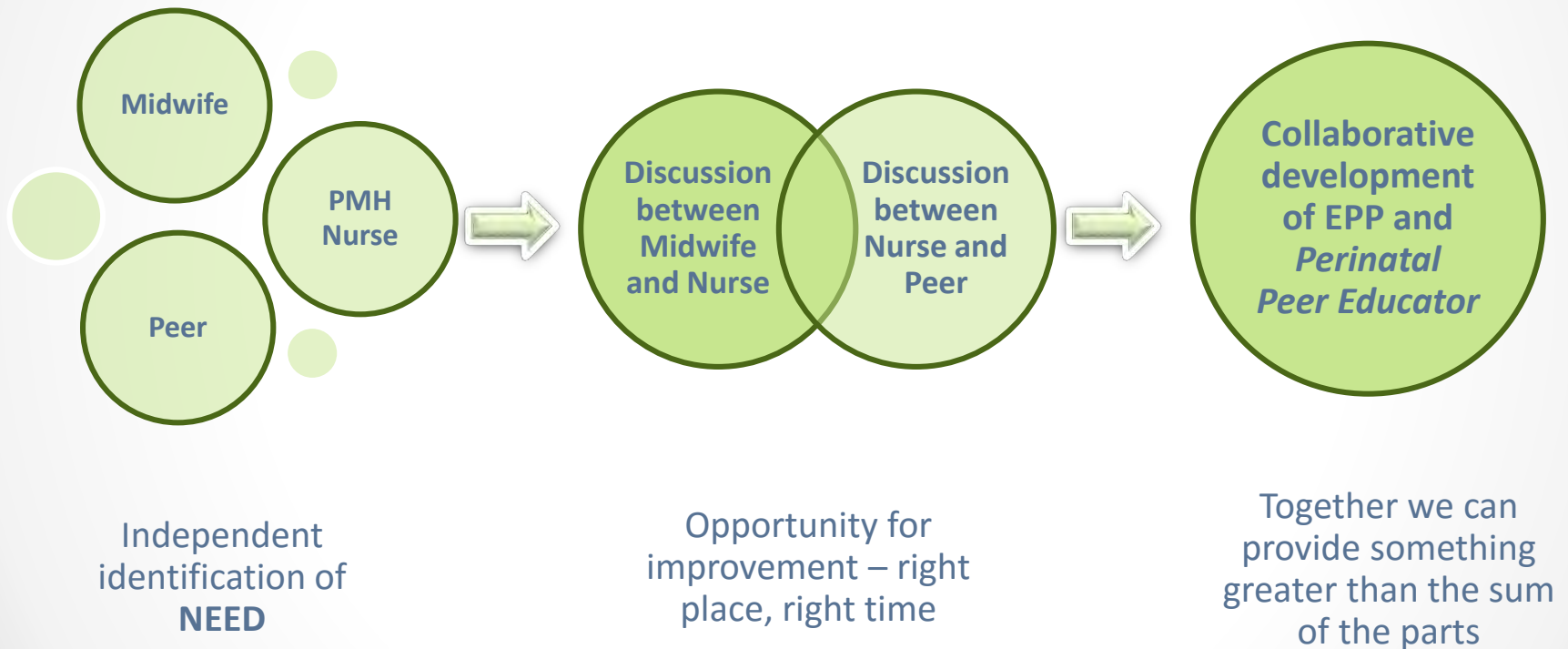


“My biggest turning point in my own personal recovery was when I heard someone speak about her experience. I realised at that moment that I was not unique in my fight for life, but that there was hope, help and happiness – true happiness. That was the day when I began my recovery.” Anon

New: The Perinatal Peer Educator



Why Did We Collaborate?



Perinatal Mental Illness: The Need

- Suicide is the leading cause of indirect maternal death in QLD (*QMPQC 2015*)
- 16% of women will experience postnatal depression (*beyondblue, 2011*)
- 10% of women will experience antenatal depression (*beyondblue, 2011*)
- Depression identified postnatally begins antenatally in up to 40% of women (*beyondblue, 2011*)
- 10% of men will experience PND (*beyondblue, 2011*)
- If mum has severe PND, 40% of the partners will also develop PND
- Despite improved community attitudes to perinatal mental illness, self stigma is a barrier to seeking help (*PANDA 2017*)
- Further Evidence:
 - A need for more information on emotional health during the transition to parenthood (McMillan et al, 2009; Bilszta et al, 2010)

Antenatal Emotional Preparation for Parenthood - Content Overview

- What does emotional wellbeing mean?
- The wellness-illness model
- Normal transition to parenthood and Baby Blues
- Perinatal mental illness
 - Statistics of common mental illnesses
 - Signs & symptoms
 - Risk & protective factors
- Personal story
- Seeking, accepting & providing help, Role Plays
- Available supports & resources
- Reflection

Story-telling

- Why story-telling works
 - For parents
 - For midwives
 - To promote change



Places the person at the centre: *'The telling of story, gives voice to what experiences mean for an individual, rather than the clinical analysis based on measurable factors alone'*

Encourages reflection: *'Storytelling creates space for professionals to reflect on their own moral compass, and their personal values and practice in relation to other groups'*

p.12, Insights; the role of personal storytelling in practice, Institute for Research and Innovation in Social Services, 2013

Parenting Partners

(parenting partner signature)

(parent signature)

I, _____, as parenting partner of _____, agree to keep in touch using the chosen options, and will remain supportive and non-judgmental during this challenging time of life.

It would mean a lot to me if you could be my
Parenting Partner

We agree to check in my emotional wellbeing regularly by:

Tick at least two options

- Speaking over the phone regularly
- Touching base online regularly
- Meeting up face to face regularly
- Using a code word to start a conversation
Write a code word here: _____
- Requesting a time for an honest conversation
- Making a call with my permission to an agreed service
- Going with me to my appointment

Being someone's Parenting Partner is a very privileged role. It means you are trusted to keep an eye on the emotional wellbeing of someone you care about. Your job is to look out for subtle changes in behaviour or a sense that your loved one just doesn't seem quite themselves. This can be tricky when someone is pregnant or has just had a baby added to their family. Life will definitely change!

You are looking for things like a loss of enjoyment, a sense that they seem on edge or that they keep making excuses to avoid social situations. By noticing these signs early, you can have a conversation starting with something like: 'I'm worried about you. You don't seem quite yourself'. Or use your agreed codeword. Ask them open ended questions and wait for an honest answer. Just being with someone can be very supportive!

The Code Word

***Scenario:** Jen is one of Sue's Parenting Partners. Jen has noticed that Sue has taken longer than normal to reply to texts and has cancelled a couple of catch-ups recently. She sees her most days and has noticed that she seems to have lost a little of her usual bubble.*



Feedback From Parents

Things I enjoyed most about the session.....

*Personal stories,
honesty and
opportunity to
raise issues*

*A real look at
what could
be....*

*Interacting with
each other and
talking about how
we feel*

*Learning lots
of things I
would never
have thought
of*

*Provided us with a
platform to begin a
conversation about
emotions*

Feedback From Parents

The most important thing I learned from the session is.....

*To sit in the rubble
with my wife and
let her vent and
unwind from her
everyday new life*

*Look after
yourself and
each other*

*To reach out to
someone you can
trust, open up your
feelings, don't feel
isolated, people will
help me.*

*Being given
some tools to
help my
partner if
needed*

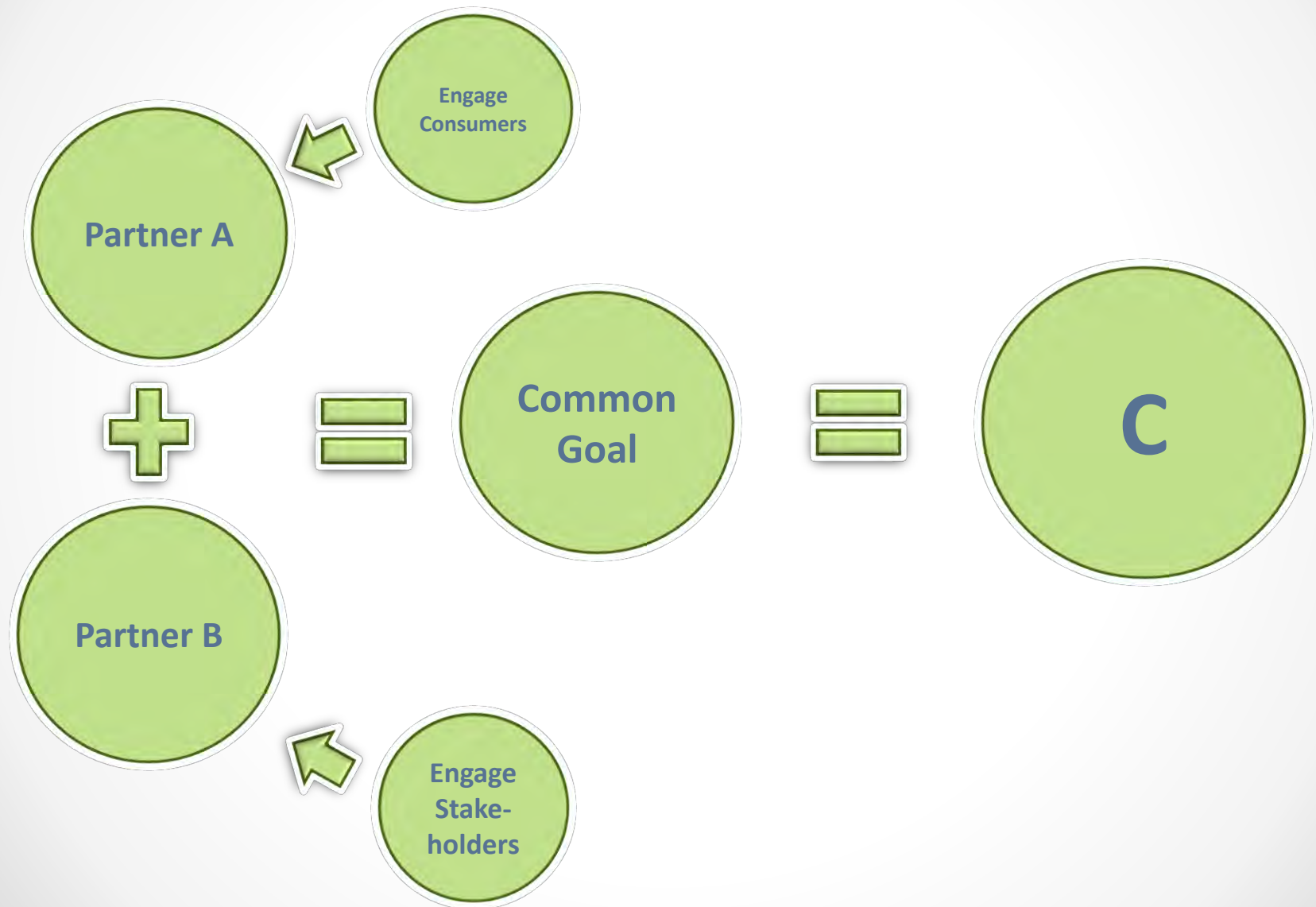
Feedback From Midwives

'For those who haven't done classes, I now have a lengthier discussion on emotional health and healthy transition to parenting along with discussing community supports for parents'

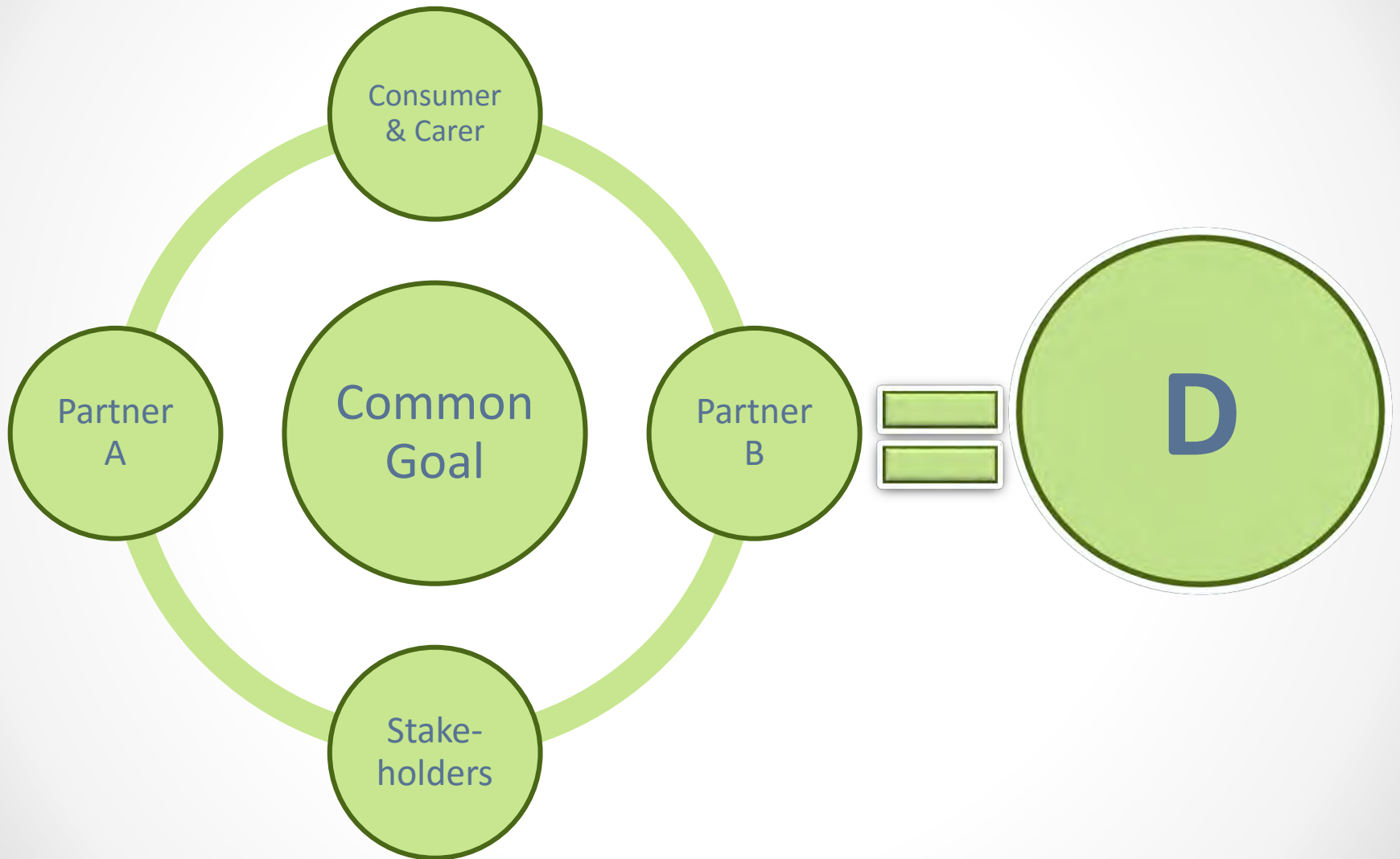


"Spend more time on the emotional wellbeing session of the discharge talk, try to go through with partner present"

Partnership, Engagement or Collaboration?



Collaboration



What Worked For Us

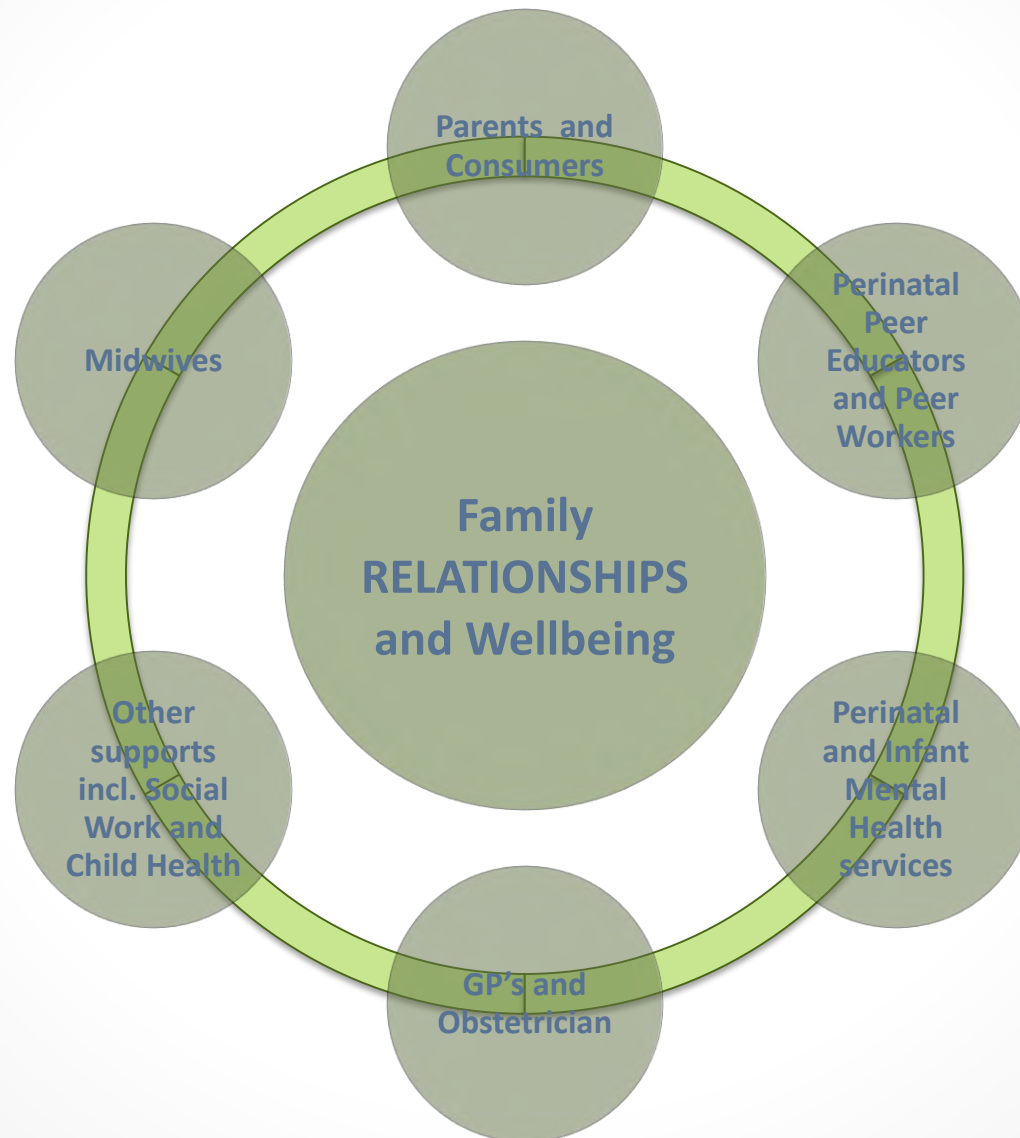
- What are our values?
- How did we communicate?
- What worked well?
- What were the barriers?
- What can other sites or regions establish to promote effective connections between staff and consumers/peer workers/peer educators?



Community and Health Service Benefits

- Impacts for midwives
 - Increased empathy for parents
 - Improved communication skills
 - Improved detection of subtle signs and symptoms
 - Increased respect for peers/consumers
 - Increased connection to other supports
- Impacts for peer workforce
 - A new realm of work
 - Developing skills beyond story sharing
 - Re-introduction of mothers in to the workforce
- Impacts for parents
 - Improved mental health literacy
 - They become their own early detectors
 - Improved help-seeking behaviours
 - Improved communication skills
 - Improved family relationships
- Impacts for health services
 - Increased consumer/peer involvement
 - Embedding National Standards
 - Improved community connections
 - Meeting the needs of the community rather than the needs of the health service

Connecting in the Perinatal Context



Organisational Change

Management and executive level need to:

- Understand model, it's value and benefit
- Embrace the practice
- Drive the implementation of the model

References

- Altenberger, I. & Mackay, R. (2006). *What Matters with Personal Narratives? An exploration as to how personal narratives are used in the promotion of recovery and social inclusion by mental health service users in Scotland*. Aberdeen: Robert Gordon University.
- Australian Health Ministers' Advisory Council,. (2014). *Clinical Practice Guidelines Antenatal Care — Module II*. Canberra: Australian Government Department of Health.
- beyondblue. (2011). *Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals*. Melbourne: beyondblue: the national depression initiative.
- Billingham, K. (2011). Preparing for parenthood: the role of antenatal education. *Community Practitioner*, 84(5), 36-38.
- Bilszta, J., Jennifer, E., Buist, A., & Milgrom, J. (2010). Women's Experience of Postnatal Depression - Beliefs and Attitudes as Barriers to Care. *The Australian Journal Of Advanced Nursing*, 27(3), 44-54.
- Fletcher, R., Silberberg, S., & Galloway, D. (2004). New Fathers' Postbirth Views of Antenatal Classes: Satisfaction, Benefits, and Knowledge of Family Services. *Journal Of Perinatal Education*, 13(3), 18-26. <http://dx.doi.org/10.1624/105812404x1734>
- Highet, N., Gemmill, A., & Milgrom, J. (2011). Depression in the perinatal period: awareness, attitudes and knowledge in the Australian population. *Australian And New Zealand Journal Of Psychiatry*,45(3), 223-231. <http://dx.doi.org/10.3109/00048674.2010.547842>
- Houston, K. (2015). *Storytelling as Pedagogy: Perceptions of Nurse Educators* (PhD). George Mason University.
- McMillan, A., Barlow, J., & Redshaw, M. (2009). *BIRTH AND BEYOND: A Review of the Evidence about Antenatal Education*. London: Department of Health.
- Van Ments, M. (1989). *The effective use of role-play*. London: Kogan Page.

Collaborating With Peer Educators....

'On some positions, Cowardice asks the question, 'Is it safe?' Expediency asks the question, 'Is it politic?' And Vanity comes along and asks the question, 'Is it popular?' But Conscience asks the question, 'Is it right?' And there comes a time when one must take a position that is neither safe, politic, nor popular, but he must do it because Conscience tells him it is right ... This is the challenge facing modern man (Martin Luther King, 1968,)'



Connecting people, not completing projects,
is the great challenge of leadership.

Acknowledgements

Metro North Hospital and Health Service:

- Metro North Perinatal Mental Health Service
- Redcliffe Maternity Services
- Redcliffe Hospital Executive Team