Connecting with expectant parents through collaboration with consumers, Metro North Hospital and Health Service

The next session is about to start in the other room but this one is Metro North Hospital and health service. Helen Funk is presenting on connecting with expectant parents through collaboration with consumers. Helen is a mid wife with 20 years of experience. Debbie Spink worked with consumers in the delivery of this education session and as her role within the antenatal clinic she knows the value of working with consumers in transitioning to parenthood. Debbie is a mother of two children who experienced major depression during and after the birth of her second baby. Debbie reflected on improvements that could be made to enhance the early intervention causes. Debbie is currently chairing a steering committee of the State-wide maternity network. Welcome to you both.

HELEN FUNK: For all of you heading off to the early flight you can probably hang around a little longer to catch the end of our presentation. We won't publicly shame anyone for leaving early.

DEBBIE SPINK: This is very much around true collaborative practice about a mid-wifery team and myself and others, how we've been able to sustain that education and embed it into regular antenatal education. We're going to spend a bit of time not just on what we did but on the processes that sit behind it. We feel that that's the important conversation to have. We'll discuss the who, the why, the what and finally the how, we're going to talk about why the how is really really important. Who are the collaborators? Helen and the mid-wives from Redcliffe antenatal clinic who are a magnificent group of mid-wives, the perinatal mental health nurse, the Brisbane North mental health team, and consumers and peers and I am here representing the

voice of consumers and peers. Got on the slide there - I'm sure most of you are quite familiar with the roles of consumers and consumer reps - but I thought it would be important to talk a little more about what is peer support and what is peer work? For those unfamiliar with that, it's quite common in the mental health space less common in other parts of health so peer support is really about two people connecting on an authentic level with shared experiences so that that person feels less alone and a peer worker using peer support and they can be in a very informal environment, it can be one-on-one or it can be in a group environment. A I feel like I didn't know he was going to say what he said, if anyone was here listening to him but this picture of a dog and an orang tang demonstrates what he was talking about. Perhaps it's not just that we don't need to be concerned about people from different cultures not being able to connect, perhaps we can agree that even different species can connect so that this picture has a dog and an orangutan comforting each other. If there's a shared experience and you are able to connect on that level there's real comfort in that. That's what that picture represents there. Peer support is based on approximately 8 underlying principles, I don't want to spend too much time going into that but the key things to remember is that there is no expert when it comes to peer support and in fact a really good peer support worker takes a lot of effort to not be the expert so that's actually the goal of a peer support worker is having expertise is not being the expert so that's about getting rid of all of those preconceived ideas, and judgments. Can we go back? The important thing to know about peer support too is that it is shared journey so each person involved in peer support is learning and growing together as they go and nobody knows the solution so it's not directive. Nobody and in health that's very much the way the system has functioned for a long time. There's an expert who suggests that this may be the best way for you to get to where you want to go but in peer support it's about discovering what are the strengths of the person, what direction do they really want to go, help them to discover the direction they want to go and then learn and grow together as you go on that journey. Having having mentioned that we've spoken today about consumers quite a bit and you probably familiar with the consumer role and a carer role, I am a consumer rep on a couple

of things, also a carer rep on a a board and I do provide direct peer support as well. I currently work across all of those different domains. Traditionally consumers carers and peers can be involved in direction patient support as in peer support work, they can also be involved in organisational engagement, in consultation around policy development and they also can be used to help educate clinicians both undergraduate and post. Our initiative is a new initiative, using peers with a lived experience and using consumers sharing their personal story in a different way because what we do is use that in general population education. It's not educating clinicians, this is educating general population and in our context it's expectant parents. Because it's a new realm of work we decided to call it the perinatal peer educator. This is the first one. That's us in action. Just the other week actually. Now it's Helen's turn.

HELEN FUNK: We're going to talk about the why in this process. Just to provide some context around how this initiative evolved, one of my roles as a mid-wife at Redcliffe maternity services is also to coordinate the child birth classes, in 2012 I was undertaking a review of our existing child birth classes and at the same time my nurse unit manager gave me some recommendations for research that had been done into looking at parents' experiences and a recommendation was that a greater focus needed to be made around the emotional preparation or transition into parenthood. At the same time, Joyce was the first perinatal nurse for Metro North joined us as Redcliffe Hospital. It was really a matter of as that middle slide says, it was the right place at the right time. We had a conversation around this identified need of doing something about educating people around perinatal and mental illness. Joyce had already met collaborated with Deb. The three of us sat around a table and spoke about how we could best do that. Together we thought we could provide something greater than the sum of the parts. That's the evolution of this emotional preparation for parenthood class came about. It was very much a collaborative development and we entitled it that for a three-hour stand-alone session that expectant parents could book into as one of the classes they could attend to at the Redcliffe Hospital. I refer to why there was this need to focus more greatly on perinatal mental illness. I may be speaking to the converted here, but some stats around this - suicide is the leading

cause of indirect maternal death in Queensland Queensland. 16% of women will experience post-natal depression, 10% of women will experience antenatal depression, and of the depression that's been identified post-natally 40% of cases it commences anti-natally. 10% of men will also experience post-natal depression and in a case when a mother has it severely 40% of their partners will also develop it. Despite improved community attitudes to perinatal illness self-stigma is a barrier that remains in seeking help. I've also referred to the last point that there was evidence needing a greater focus on this information. What do we cover in our emotional preparation for parenthood session? It's very much on engaging with the important parent and encourage them to ask questions, we provide a safe space for them and in creating that safe space they certainly open up and ask lots of questions and they give us lots of feedback as well. We initially had a conversation with them about what does emotional wellbeing mean and we then use a model called the wellness illness model and this is a model that we refer to a number of times throughout the session. And it identifies how mental illness spectrum, you can be go from none to severe and then your emotional wellbeing, model, that acts as you can be flourishing and doing really well or emotionally feeling really lagging and not doing so well. That model then forms a framework for our conversation. We focus initially on the normal transition to parenthood and talk about baby blues what that means and looks like, how you can provide support to your partner and then we progress to looking a conversation around perinatal illness. In that conversation, we asked the expectant parents their thoughts around - stats around these common mental illnesses and also go through risks and detector factors and designs and symptoms. Debbie shares her story and we refer to it as story telling and we then provide the expectant parents with tools around seeking help and accepting and providing help and we do that through some awesome acting ability of Deb and I through a couple of role plays but fa really highlights the message. We talk about the available services they can link in with and provide a bit of an opportunity where they can reflect on some of the take-home messages. There's a lot of evidence that supports its use. We're here today, it's been one

continual ongoing sharing of stories which is awesome. In our context, in our emotional prep class, story telling works with the mid-wives a as well because it encourages reflection, creates a space for professionals to reflect on their own moral compass in relation to other groups and I'll shortly share a bit more about this.

DEBBIE SPINK: Story telling also works for the parent. The story enables the listener to view behaviour in a different way and it helps listeners put themselves into other people's positions and this goes for both parents and mid-wives in this context and the use of this promotes this change across the practice of mid-wives and in the antenatal and post Natal sectors as well. With regards to story telling my story is not the only story we tell. We throw lots of little stories in too, like Winnie-the-Pooh. A concept I developed after going through the process of recovering and realising what was missing and why did I become so unwell and why wasn't it picked up earlier. I realised that when someone is experiencing depression and anxiety, asking for help is very, very challenging so using that as a strategy is a flawed approach as far as I'm concerned so what we need to do is educate and support people around someone who is either vulnerable or is experiencing some mental health challenges and get them clued into what they might see, notice and help and support them to have respectful and honest conversation with that person to help them feel connected and then perhaps seek support, so the concept is called the parenting partner concept. I have a photo of the cars up there, in our class we suggest to all of the expectant parents, mum, dad, partner support person to identify a couple of other support people they feel they can trust. Ask them if they would be willing to become a parenting partner for them and chat about thaw hay will stay in touch with how their feeling, not their physical experience. We're talking about the emotional wellbeing during this transition. If you are really keen there's an option to sign a pledge on the back of the card. That's one of the tools we use in our class. Most of you realise that having a conversation around emotional wellbeing can be a tricky topic to bring up. Maybe it's really helpful if you have an agreed code word about how to begin a conversation. In this example p Jen has noticed that Sue has taken longer than normal to reply to texts. Helen and I are now going demonstrate how this works in practice. (Role play)

HELEN FUNK: Over the last few years, we've asked parents to provide feedback at the completion of each session and over time we've utilised this feedback to fine tune our program. Feedback, the personal stories, honesty and opportunity to raise issues.

DEBBIE SPINK: We also see regularly the response that the parents like interacting with each other and talking about how they feel. We have specifically noticed that the dads in the room are incredibly engaged and answer a lot of questions, put their hands up, ask questions and are very comfortable talking about their feelings believe it or not.

HELEN FUNK: What is the important thing I've learnt from this session?

DEBBIE SPINK: One of my favourite responses - to sit in the rubble with my wife and let her vent and unwind from her every day new life.

HELEN FUNK: It's taught them to reach out to someone who you can trust, to open up about your feelings. Don't feel isolated and people will help me is we have received feedback both from the mid-wives because we're fortunate at Redcliffe and I think we've missed it in the telling of our story, last year, a couple of years ago through another hat that Deb wears the emotional session, it was recognised by two State-wide significant networks and as promising practice and therefore a project involved in late 2015 ran over the course of 2016 and it's about to become the formal part is now completed and they're in the process of writing up reports about the project but as a result this three hour session that was a stand alone has become a universal two hour component and we have brought it into all of our classes. All of our expectant parents at Redcliffe hospitals and a lot of our first time parents do come to classes and engage, so that's where we're currently at. Through the life of the project we certainly sought evaluation also from the mid-wives who cofacilitied the classes and then from the larger group of mid wives who attended the sessions. I take this opportunity to read a short extract from one of the mid-wives because this tells a story in itself. She co-facilities one of the classes. "Participating in the emotional prep class has impacted me both profession ally and personally. What the new class has given he with peer in-

volvement and the lived experience is astronomical. I watched the faces of the participants as the peers share their stories and I can see how it deeply affects them and how they hang on to every word we say. I feel that the honest and open style of the information shared brings out the same response in participants. The mums and their partners are given the time to explore the realities of becoming new parents and to learn and practice strategies to work on their emotionally being. I love the emphasis on fathers and their emotional needs and the practical sessions which teach parents the strategies to work on their emotional wellbeing. I feel like I can recognise the signs of post-natal depression and anxiety more easily now when doing home visits. I have even used some of this information to give emotional support to members of my own family. It's really highlights to Deb and I just the impact it's had across the whole maternity unit.

DEBBIE SPINK: Such a moving letter when we read that, I think it brought tears to our eyes that what we've been able to do. Had such an impact not just on the parents but on the mid-wives who work in the unit and therefore the flow-on effect. They're going to interact differently with parents and it's going to lead to different outcomes, it's a lovely thing. We've done the who, the why, the what and now we're doing the how. This is the part that we really wanted to express to you because we think that this is a really important thing to consider before embarking on a project. There might be a couple of bodies who have a common goal, and they think that we should do something because there's a problem and better try and do something to improve that. They have their common goals. Oops, they had better engage with consumers and carers. They have probably engaged with them on the basis that they have a good idea of what they want to do. Other stakeholders, they may engage with them as well. They produce an outcome and for these purposes we'll call that outcome C. The partnership arrangement is really formal arrangement. Imparts ownership of content and it doesn't describe process, it describes structure, so when we undertook what we did we embedded and used a true collaborative process. It's the process that's important. In our sector we have a common goal that sitting in the middle and then we have all of those partners that we previously mentioned, they're sitting around the

outside but they're equally important and equally valuable and they all have and work towards developing that common goal that sits it in middle. By using this more collaborative process, in fact instead of getting outcome C we might get outcome D which is an improved outcome from what we may have had before. The important element here is that all of those partners are equal and have equal value and input. In the beginning of all of this, the Joyce, who is now living in Holland, when the need was identified by Helen and Joyce - equal partnership, we all have expertise and knowledge we can bring to the table and let's together work out how we can create something of benefit.

HELEN FUNK: We want to explore a collaborative relationship a little more closely. In preparation for this presentation over the last few weeks we have spent some time on reflecting back on what or why has it worked so well for us in this relationship. We realise when we did one of those value exercises that our values are very closely aligned and for us one of our shared values is recognising the inherent value of every person and what each person can contribute. We have a love of learning and that is an important insight and initiative. We share that same position to enhance the emotional health and wellbeing of expectant families. Looking at what are some of the barriers. The lack of appropriate pathway and time available for opportunity to discuss with middle and upper management on processes that have been occurring at ground level. So has the one that we are part of is taking time for the process of working with peers to be more formalised as there has been no precedent set in this before. It is a time consuming process and ensuring that that is sorted out, but that is work in progress. What can other sites or regions establish to promote effective connections? We were talking about this and we thought there are lots of things but really thinking about the how. The how first before anything else because it is the how do we go about it that paves the pathway to success and thinking about this will ensure that a collaborative process will result. What are the benefits of such an initiative for the community and health service? Many great benefits particularly for mid-wives including increased empathy from parents and improved our communication skills with all expectant parents and also increased connections to other supports.

DEBBIE SPINK: The impacts for the peer workforce. There's a potential for a new realm of work for peer workers now, not just sharing their story but being engaged in an education environment and developing their education skills as another great opportunity for them and also for mums who may have had a hard time, reentering the workforce sometimes can be daunting and difficult but if they're doing that in a space where they have some experience and understanding around it, it may open the doorway into the workforce which is really important. Benefits for parents, we teach them to become their own early detectors of how they're feeling and how each other is feeling. We're placing in a step before clinical identification and that's getting people hopefully to seek help at a much earlier stage. It encourages that help seeking. We talked about that collaborative process but in this context, in the centre of our outcome goal was the wellbeing of families and in particular the wellbeing of the relationships between all of the members of that family and the partners sit around the outside. The important message about that is the relationship between those partners is more important than the expertise of each. How do they communicate and talk to each other? Developing strong relationship will lead to better outcomes.

HELEN FUNK: For this model to work, from an organisational viewpoint, management and executive certainly need to understand the model and its value and the benefit of that agreement and to raise such initiatives as ours and also to drive the implementation of this model. It is a recommendation from the larger project that they are wanting to create this program to become sustainable and to roll it out into as many maternity services as possible throughout Queensland. In preparation for this presentation we came across this quote from Martin Luther King and it really captures the essence of the quote here today. "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." We recommend that organisation and services reflect on their own processes for partnering, collaborating engaging and consulting and consider the importance of relationships and mutual respect. We'd like to acknowledge the Metro North Hospital and health service, in particular the Metro North perinatal mental health service and also like to thank the families

that have attended the emotional prep session over the last five years and contributed to this class in such an open and enthusiastic way. The feedback that comes from them is what drives us to continue and certainly highlights the value of including this program into all standard child-care classes. Thank you.

APPLAUSE

DEBBIE SPINK: Any questions?

MARK TUCKER-EVANS: Thank you very much. With that presentation that brings us to the end of our forum. So thank you very much for coming. We certainly appreciate the time that it has taken today to be with us and we hope that you're taking away from this forum some key messages from the presentations that you've heard. Can I ask you again to thank our final two speakers from this presentation.

APPLAUSE