



mental health
association nsw

Mental Health during Pregnancy and Early Parenthood

Mood disorders can affect anyone and are represented in every cultural group. The many changes involved during pregnancy and after the birth of a child can put some women at a risk of developing a mood disorder. There are many factors involved in new parents experiencing mood disorders during the pregnancy and also shortly after the birth of the child, however, the exact causes of mood disorders do vary by individual.

What Are the Causes or triggers of a mood disorder during pregnancy and in early parenthood?

Exact causes vary from person to person but often involve some of the factors below:

- hormonal changes in the body
- personal history of mental illness
- previous episodes of depression
- family history of mental illness
- current or past history of abuse
- lack of support networks or perceived lack of support

There are other factors which may increase the level of stress for the new parent:

- a stressful pregnancy
- an unplanned pregnancy
- a long labour and/or difficult birth for mother and/or baby
- a premature, post mature or multiple births
- problems with a baby's health
- other problems with baby such as feeding and sleeping
- difficulty bonding with the baby
- separation of mother and baby
- not the expected baby (appearance, gender)
- having an anxious personality
- being a younger parent and/or single parent
- having a difficult relationship with your partner
- socioeconomic disadvantage
- difficult and unhappy childhood
- lack of sleep

Many new parents experience some type of mood disorder during the pregnancy and/or after the birth of the child. Maintaining positive mental health is important for any new parent and also for health and safety of the baby. If you suspect that you, your partner or someone else you know may have a mental health condition which would benefit from further support then it is recommended to ask for help.

What are the symptoms of a mood disorder?

Feelings

- persistent low mood
- inadequacy, failure, hopelessness, helplessness
- exhaustion, emptiness, sadness, tearfulness
- guilt, shame, worthlessness
- confusion, anxiety, panic
- fear for the baby and of the baby
- wanting to run away
- oversensitive
- teary

Thoughts

- inability to think clearly and make decisions
- lack of concentration and poor memory
- running away from everything
- fear of being rejected by partner
- worry about harm or death to partner or baby
- thoughts of suicide

Behaviour

- lack of interest or pleasure in usual activities (including sex)
- insomnia or excessive sleep, nightmares
- not eating or overeating
- decreased energy and motivation
- withdrawal from social contact
- irritable and moody
- poor self care
- inability to cope with routine tasks

Mental health in particular groups

- **Fathers**

The mental health of fathers may be overlooked but men can still be affected by mood disorders during parenthood. Fathers may feel as though they are no longer the main focus of their partner's attention and they may also be affected by changes in the family dynamics and social roles in the new family unit. Also societal attitudes towards masculinity, work commitments, financial burdens, extra responsibilities and unmet expectations about having sex again can all have a toll on the mental health of new fathers.

- **Mothers**

Mothers may be guided by their maternal instincts and take on the burden of responsibility for caring for a child. This added pressure may exacerbate the stress of already adjusting to being a new parent. Mothers may have a mixture of feelings surrounding being a new parent including feeling isolated at times or resentful towards their partner about the changes and extra responsibilities in their life after having a baby.

- **Indigenous Australians**

Aboriginal people may experience unique mental health needs due to their cultural beliefs and traditions. Some Aboriginal parents may feel isolated when exposed to the health system out of their traditional community which may add to the stress surrounding having a child.

- **Immigrants and refugees**

People who have immigrated or fled their home country for a new life in Australia may experience isolation and lack of support without family and friends present. There can also be a language barrier to communicating needs and difficulty in maintaining particular cultural ceremonies and traditions when having a child in a different country.

What are normal reactions during pregnancy and after pregnancy?

It is common for women and their partners to experience an array of emotions, including emotional distress, during pregnancy and in the first year after the birth of the child. The emotional distress common in the days following the birth of a child is referred to as the 'Baby Blues.'

The Baby Blues

It is estimated that up to 80 percent of all women in the first week after the birth of a baby will experience a period of mild depression commonly referred to as the 'Baby Blues.' This is usually a time of extra sensitivity and symptoms include tiredness, anxiety, tearfulness, insomnia and mood changes that tend to peak between 3-5 days after the birth of a child. Usually these symptoms disappear within a few days but if they do not then it could be a sign of something more serious, such as depression and/or anxiety, which would benefit from treatment to ensure safety of the mother and the safety of the baby.

Other difficulties experienced as a new parent

All new parents go through a period of adjustment after the birth of the child due to the many changes involved in becoming a parent. It can be difficult to suddenly have an enormous amount of responsibility for a child and also not being able to do the same things as before having a baby. Some parents may also have trouble bonding with their baby which can make new parents feel guilty and stressed about these types of feelings.

Research has shown there are similarities in the patterns of depression after the birth of a child for men and women. For men the adjustment of parenthood and increased burden of care can affect their ability to assist their partners. Furthermore a father's depression and/or anxiety can contribute to the mother's own mental health.

There are other conditions which present in pregnancy and after the birth of the baby:

Anxiety

Anxiety can be experienced by either parents and can occur during pregnancy and also after the birth. When someone has anxiety they may feel overly anxious, worried and scared.

Symptoms of anxiety may include:

- inability to rest when your baby is sleeping
- inability to concentrate
- feeling out of control or fear of going 'crazy'
- fear that something bad will happen to your baby
- fear for baby's or partner's safety or well being
- panic attacks
- physical symptoms such as heart palpitations, headaches, sweaty hands & loss of appetite
- unable to enjoy previous activities which were enjoyable

- sense of hopelessness and feeling like a failure
- withdrawing from family and friends
- feelings of guilt and shame

There are many different types of anxiety disorders including:

- Generalized Anxiety Disorder**—consists of overall anxiety felt most days over a larger time frame
- Specific Phobia**—specific fear towards a particular situation or object
- Obsessive Compulsive Disorder**—ongoing obsessive thoughts that involves a need to carry out a particular ritual to ease the anxiety
- Post traumatic stress disorder**—anxiety surrounding a particular incident which was very traumatic (e.g. traumatic birth)

Postnatal depression

Postnatal depression is a term used to describe mood disorders occurring to women in the first year after the birth of a child. Fathers can also experience symptoms of postnatal depression.

Postnatal depression has a slower and more insidious onset. It is most likely to occur between the 3rd and 9th month after the birth of the baby. It is a persistent condition and may persist for 6-15 months or longer. While individual experiences vary considerably, persistent low mood or loss of interest in activities, along with four other symptoms occurring for a period of at least two weeks, indicate clinical depression and require treatment.

Post Partum (Puerperal) Psychosis

Post partum psychosis is the least common postnatal disorder. This condition usually appears within the first couple of months following childbirth and may occur in mothers with a personal or family history of schizophrenia or bipolar disorder (manic depression). This is an extremely serious condition and help should be sought immediately.

Bipolar Disorder

Bipolar disorder is also referred to as 'manic depression.' The disorder consists of someone experiencing both highs (mania) and lows (depression). Women who have a family history of bipolar are more likely to develop the disorder during pregnancy or in early motherhood.

Treatment

There are many treatment options available for individuals suffering from mood disorders that aim to help them to better cope with emotions and symptoms experienced:

- **Psychological therapy**
Also referred to as 'talking therapy' helps you to understand and use different strategies that assist in managing your depression. Cognitive Behaviour Therapy (CBT) is a common form of therapy that helps you to challenge your current thinking and react to particular situations in your life.
- **Medication**
Incorporating medication into the treatment of mood disorders depend on the severity of the symptoms experienced. Medication can only be prescribed by your GP or a referred Psychiatrist. Self-medicating is not recommended. It is essential that prior to medication treatment, your GP must be notified if you are breastfeeding, to ensure that appropriate treatment is given, particularly to safeguard the breastfeeding stage.

There are different types of medications:

- antidepressants**—may be used to treat depressive symptoms
- mood stabilizers**—helps stabilize mood in an effort to reduce relapse
- antipsychotics**—helps with both manic and psychotic symptoms (delusions or hallucinations)

- **Hospital**
A new parent with severe symptoms may need to be hospitalized in a psychiatric unit to ensure safety and to receive more intensive treatment and support. People can be admitted to hospital as either as a voluntary or involuntary patient. If you feel you would benefit from inpatient treatment then you can be admitted into hospital as a voluntary patient. In this instance you can ask a family member, friend or other trusted person to take you to hospital or you can call

emergency services to be transported if you do not have anyone to take you to the hospital. If, however, you are considered an immediate danger to yourself, family or baby then you may fit criteria to be scheduled under the Mental Health Act as an involuntary patient in hospital.

- **Self Help Group**

A self- help group is a structured program where a group of individuals learn various strategies to help combat with the symptoms and coping mechanisms for day-to-day management of illness. This type of therapy is based within a secure group environment where the aim is to deal with, cope and ultimately recover from your mental illness.

- **Support Group**

Support Groups are similar to self- help groups where individuals dealing with the same condition receive emotional and practical support from a group setting. During these sessions, you are able to discuss your experiences and acknowledge similar symptoms experienced by others in the group. These groups aim to support, educate and promote a positive outlook in better coping with mood disorders as well as maintaining bonds shared with your child during the hurdles faced in parenthood.

What to do if you experience a mental health problem?

Sometimes a new parent or their partner may notice that something is not right and they may need help. It can be difficult to ask for help but it is important to know that mental illness can be treated effectively in most cases. Sometimes parents may feel they do not have the time or they are deterred from seeking professional assistance for other reasons, but it is necessary for the wellbeing of the baby and family unit to get help. Mental illness does not discriminate; many new parents are affected by mental health conditions but there are many supports and types of help available.

Who can help?

There are a variety of professionals and people that can help new parents who need help with their mental health issues:

- General Practitioners (GPs)
- Maternal, Child & Family nurses
- Midwives
- Mental Health nurses
- Psychologists
- Psychiatrists
- Social workers
- Counsellors
- Case workers
- Staff at Women's Health Centres
- Staff at Community Health Centres
- Other Allied Health professionals
- Religious leaders
- Friends & family
- Neighbours
- Support groups

What Can I Do to Help Myself?

This time of stress does not last forever and there are useful things you can do for yourself, including:

- seek support from a health professional
- make each day as simple as possible by avoiding extra pressures and unnecessary tasks
- try to meet other people experiencing similar types of antenatal or postnatal disorders through support groups
- talk to friends and workmates about your experiences and see if they can help better meet your needs as a new parent
- reach out to other new parents
- educate yourself about mental health and supports available
- utilize a support service or information line for assistance
- involve your partner in the care of the baby from the beginning
- find ways of sharing household chores and responsibilities
- accept all reasonable offers of help, especially in the first few weeks
- share your feelings and concerns with someone you feel comfortable with
- avoid people who are critical of you or your mothering
- try to get out of the house at least once a day

- give yourself 'time out' each day to do something you enjoy
- meet other mothers in your area
- take a sleep or rest when the baby is sleeping
- eat regular healthy meals
- arrange regular exercise
- try to find time to relax and do deep breathing
- see if you can have someone help with childcare duties to give yourself a break
- try to find time to nurture your relationships especially with your partner
- if you notice prolonged changes from how you normally feel or behave seek help as early as possible

Advice for fathers

- Fathers play a vital role in the health and wellbeing of the family, and it is important that you look after yourself and be aware of your own needs during your partner's pregnancy and the early stages of parenting. Talking with friends or workmates who have recently become fathers will assist in knowing what to expect in the early stages of parenting. Looking after your own health and wellbeing through regular exercise, monitoring what you eat and setting aside time for relaxation is vital to help improve your capacity to also support your partner and baby. If you feel like you need help then contact a health professional for further support. Often child and family nurses can direct fathers to groups in the area just for men adjusting to fatherhood.

How can I help my partner?

If you feel like your partner displays symptoms of a mental illness then it may be helpful to communicate your concerns with them.

Some ideas include:

- Mothers, encourage your partner to become as involved as possible with the baby including attending check-up appointments and overall care for the baby (e.g. feeding, bathing, playing)
- Try to realize your partner may need more time adjusting to parenthood and even though they may do things differently it does not necessarily mean it is wrong

-Trying to consider your partner's perspective and doing simple tasks such as offering to do the washing, cooking dinner or taking care of the baby for a period of time can help alleviate some stress in their life.

-Increasing communication with your partner can help strengthen the relationship and the bond with the new baby

-Encourage your partner to talk about their feelings and listen to them without judgment

-A new parent may feel guilty about their feelings of depression and/or anxiety so it is important to remind them that it is not their fault and you will be able to work through it together. Remind them they are not alone.

-During difficult periods, or if you and your partner are experiencing conflict, it is important to verbalize your feelings, but do not distance yourself. Take a break and suggest you talk about the issue at a later time when tempers have cooled down

How Can Family and Friends Help?

- offer practical help such as shopping, cooking or babysitting any older children
- offer a listening ear rather than trying to 'fix' the situation
- find out more about post-natal depression and other disorders through some of the resources listed below
- encourage the parent to seek help if you become concerned

Where to Get Help

- GPs are always a good starting point for accessing support. GPs can offer assessment, medication, advice and referral to a psychologist or psychiatrist.
- Local Community Mental Health Team
- Early Childhood Health Centres (see listing in the White Pages under E)
- Community Health Centres (see listing in the White Pages under C)
- Parenting support services
- Counselling Services
 - Salvation Army Counselling: 1300 363 622
 - Relationships Australia: 1300 364 277

There are also Information Help Lines that can provide information and/or counselling:

National Services

- **Lifeline:** 13 11 14 (24 hour counselling)
- **Salvo Care Line:** 1300 363 622 (24 hour counselling)
- **Mensline:** 1300 789 978 (staff by men for men)
- **Suicide Call Back Service:** 1300 659 467 (6 free sessions of telephone counselling, 24/7)
- **Mental Health Information Service:**
1300 794 991 (no counselling, Mon-Fri 9am-5pm)
- **Beyondblue Info line:** (no counselling)
1300 22 4636
<http://justspeakup.com.au/> (website by BeyondBlue regarding antenatal and postnatal depression)
- **Pregnancy Birth and Baby Line:** (24 hours)
1800 882 436
Provides advice, counselling, information & referrals across Australia
- **Post and Antenatal Depression Association Inc (PANDA):**
1300 726 306
Provides telephone support for anyone in Australia affected by post and antenatal mood disorders Mon-Fri 9am-7pm.
- **Child Abuse Prevention Service:** (24 hour service)
1800 688 009
Provides support to parents and care givers who are distressed and may be at risk of harming their child.
- **Australian Psychological Society:** 1800 333 497 (referral service to find a psychologist who specializes in a particular area)
- **Grow Support Groups:** 1800 558 268

NSW

- **NSW Mental Health Line:** 1800 011 511
- **Parent Line:** (24 hours)
1300 130 052
Provides parents with counselling and information about any parenting issue.
- **Karitane** (Mon-Fri: 24 hours, 8:30am-late afternoon on weekends)
1300 227 464 Provides a care line 24 hours for parents of children up to 5 years of age.

- **Tresillian:**
02 9787 0855 (Metro), 1800 637 357
2 McKenzie St, Belmore NSW 2192
<http://www.tresillian.net/>
Advice and information is provided for parents with children up to 5 years of age. Operates 7am to 11 pm 7 days per week
- **Dial A Mum Inc**
02 9477 6777 (Daily, 8am to 11pm)
Confidential telephone support run exclusively by mothers.
People of all ages can call to talk about issues regarding parenting
This is a listening service.

Further Reading

- *When the Baby Blues Won't Go Away* – Beyondblue National Depression Initiative
http://www.beyondblue.org.au/index.aspx?link_id=94
- Black Dog Institute
<http://www.blackdoginstitute.org.au/depression/inpregnancy/index.cfm>
- *Post-Natal Depression: Your Questions Answered*, by Erika Harvey, Element Books, 1999, ISBN: 1862043302
- *Post-Natal Depression: Psychology, Science, and the Transition to Motherhood*, by Paula Nicolson, Routledge, 1998, ISBN: 0415163633
- *Surviving Post-Natal Depression: At Home No One Hears You Scream*, Cara Aiken, Jessica Publishers, July 2000, ISBN: 1853028614



Telephone Interpreter Service 131 450

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.



Medicare Rebates and Accessing Private Practitioners

What is the difference between psychiatrists and psychologists?

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

Medicare rebate for psychologists

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost. For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 www.psychology.org.au.

* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between \$10 - \$30 per individual per annum. Please note that most of the reference books are not available for loan.

You will find the Resource Centre Booklist on our website: www.mentalhealth.asn.au for further information contact 1300 794 991.

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.

This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from www.mentalhealth.asn.au. The Association encourages feedback and welcomes comments about the information provided.

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