Engaging Mothers and Professionals to Make Maternal Mental Health a Critical Item in Primary Health Care

Objective

To explore ways to identify mothers who may be developing mental health issues during pregnancy and the early years of parenting, and to investigate opportunities to enhance supports and services available for these mothers.

Practice Points

1. While in Canada one in five women experiences perinatal mental health issues, in NL the incidence is higher at more than one in four.

2. When undetected and untreated, child development is put at risk for physical, cognitive, and socio-emotional problems that can last a lifetime.

3. Perinatal mental health care services and supports in NL are fragmented.

4. Mothers want Family Physicians (FPs) and public health nurses to openly discuss perinatal mental health.

5. FPs, public health nurses and other care providers want a coordinated and well integrated provincial model of perinatal mental health care.
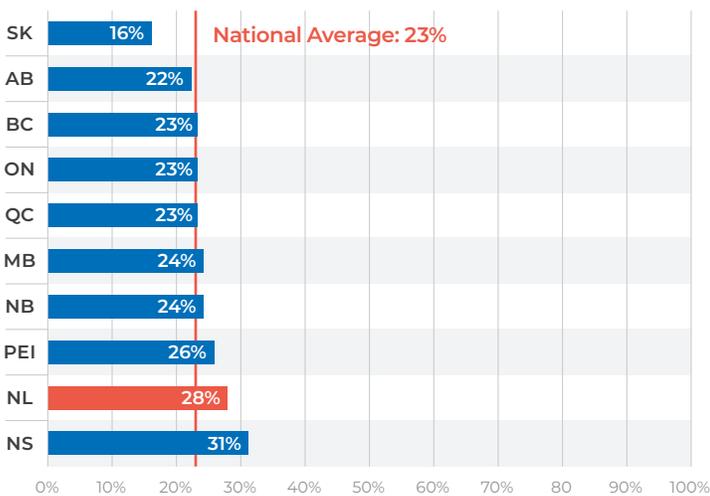

Fig. 1. Perinatal Mental Health Disorders in Canada

Methods (PIs: Martha Traverso-Yepez and Caroline Porr)

1. Environmental scans of the literature located best practice indicators, screening tools, and interventions.

2. Web-based internet searches in each provincial health region identified existing perinatal mental health supports and services.

3. Eastern Health prenatal chart review revealed the number of women with recorded history of mental health diagnoses.

4. 30 mothers and 32 health and social care providers participated in semi-structured interviews, sharing their first-hand experiences about perinatal mental health care in the province.

5. Several recommendations from interviews were confirmed by knowledge translation activities (a public town hall, a deliberative workshop for professionals and decision-makers, and webinars).
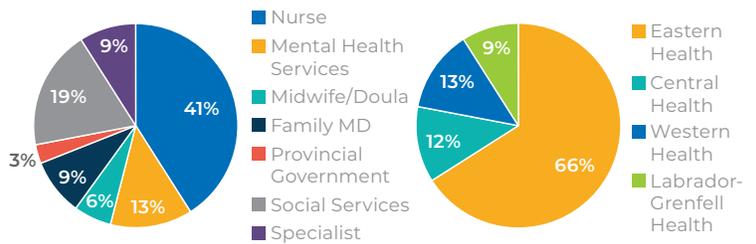

Fig. 2. Professionals Interviewed (N=32)
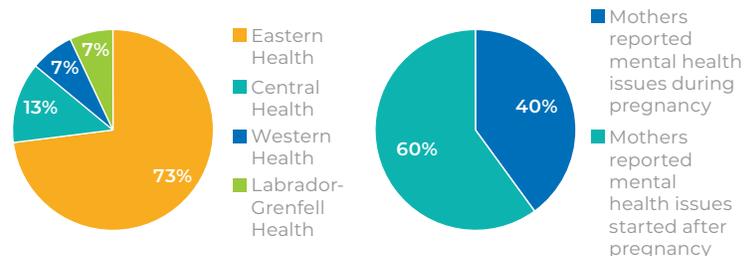
(Defined by type and health region)

Fig. 3. Mothers Interviewed (N=30)

(Defined by health region and by time mental health issues started)

Results

- 20% of women with a completed prenatal record had a 'psychiatric history'; diagnoses included depression, postpartum depression, anxiety, generalized anxiety disorder, and others.

- FPs and public health nurses are often first contacts for perinatal mothers experiencing mental health issues. Most of them highlighted challenges to recognize, support, counsel, or make referrals, especially due to lack of awareness/knowledge about resources, programs or interventions to address maternal mental health.

- 20 out of 30 mothers received referrals to more than one mental health service, however only 11 reported effective referrals.

- Lack of standardized screening: 24 out of 30 mothers reported no formal screening.

- Barriers to accessing care that mothers reported included lack of information and referrals, experience of judgement, shame and stigma, a negative reaction from professional or the prevailing focus on physical health. Financial restraints, wait lists and fear of child protections were also mentioned.

- Facilitators to accessing care reported by mothers were encouragement/navigation/referrals support (i.e from family members, friends, professionals) and enhanced awareness about mental health challenges.
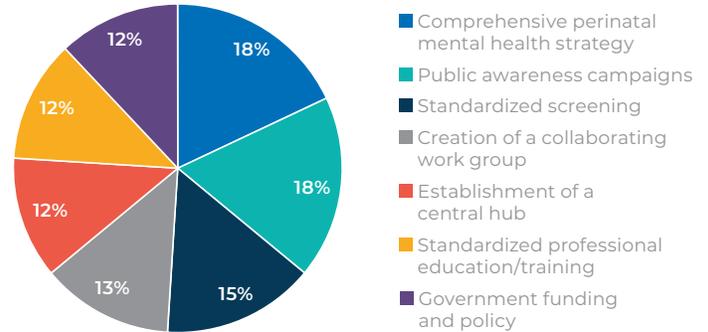

Fig. 5. Action Steps Identified from Deliberative Workshop

Conclusions

1. Perinatal mental health is becoming a public health concern in NL and beyond.

2. Critically important to improvements in perinatal mental health care are: public and provider awareness, professional training, standardized screening in conjunction with best relational practices, a perinatal mental health navigator, community-based peer support programs, and a central hub of interdisciplinary perinatal mental health providers.

Changes in sleep, appetite, mood and social engagement

Limited interaction between mother and child, mother unresponsive to baby cues

Edinburgh Depression Scale (prenatally and postnatally)

Fig. 4. How Service Providers Identify Maternal Mental Health Issues