Session	Waternal Mental Health (MMH)  Up to 1 in 5 women and 1 in 10 men are affected by mental health problems during pregnancy and the first year after birth. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too. However, this is not inevitable. When problems are diagnosed early and treatment offered promptly, these effects can be mitigated¹.		
Background Information			
Aim	To raise awareness of maternal mental health (pregnancy to 12 months after birth)		
Objectives	<ol> <li>Participants will be able to:</li> <li>Dispel some of the myths around maternal mental health</li> <li>Describe what maternal mental health is</li> <li>Discuss potential signs and symptoms of maternal mental health</li> <li>Discuss how Maternal Mental Health can affect mothers and families</li> <li>Explore resources to support mothers and families</li> </ol>		
Duration	• 1.5 hours		
Resources	<ul> <li>IT</li> <li>Presentation</li> <li>Quiz</li> <li>Flipchart/pens</li> <li>Reflective practice tool</li> </ul>		

 $<sup>^1</sup> http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx \\$ 

Learning outcomes		Participant Activity	Resources	Time
1.	Dispel some of the myths around maternal mental health.	Myth buster	Quiz	10 min
2.	Describe what maternal mental health is	Defining MMH	Flipchart/ Pens Slide	10 min
3.	Discuss potential signs and symptoms of maternal mental health	• None	Slide	15 min
4.	Discuss how Maternal Mental Health can affect mothers and families	Family activity	Flipchart/ Pens Slide	30 min
5.	Explore resources to support mothers and families	• None	Adult Mental Health Resources handout	10 min
6.	Looking after our own mental health	Self-care	Slide	5 min
7.	Reflection and session close	Reflection	Reflective practice tool	5 min

## **Maternal Mental Health**

### Facilitator notes

Slide	Notes	Time	Resources
Slide 1	Welcome participants and introduce yourself before offering an overview of the session. Have the title slide up and visible whilst doing this.	5 min	Slides
Slide 2	Put up the session overview slide and read out what will be covered today.  Emphasise that the session today is an introduction to maternal mental health. It is not intended to make people experts but to offer a basic awareness and understanding of maternal mental health (MMH).		
Activity	MMH Quiz	10 min	Quiz
	Let's start with exploring some of the myths that surround maternal mental health.  Distribute the quiz to participants. This can be done on an individual basis or as a group. Ask participants to complete the quiz, true or false. This is a good starting point and gives an insight into the participants' knowledge and attitudes to Maternal Mental Health.  Once completed, go through each question of the quiz	(5 min activity, 5 min feedback)	
	to generate discussion. Use the supporting statements to provide the correct answers and information.		
	<b>Discussion point:</b> Were there any surprises? Share that this activity helps challenge some of the myths associated with MMH.		
Slide 3	Bring up the myths slide and quickly read through the information. Inform participants that the information has been sourced from– NCT.org (National Childbirth trust)	5 min	Slide

Slide	Notes	Time	Resources
Activity &	What is maternal mental health?	10min	Flipchart/
Slide 4	Divide the participants into groups, provide flipchart and		pens
	pens.	(5 min	Slide
	Now we are going to explore what we mean by maternal mental health. How would be describe/define it.	activity, 5 min	
	Invite the groups to discuss what they think MMH is and how they would describe/define it. Ask them to write down the key points from their discussions.	feedback)	
	Take feedback from the groups.		
	Put up the slide what is maternal mental health up and read out the information, make reference to any similarities that groups may have with information on the slide.		
	<b>Discussion point:</b> how did they find this exercise? Often MMH is described as 'baby blues' and for many women this will be the case where they are feeling down a few days after the birth; however if there is a prolonged bout feeling low or anxiety and depression then this is not 'baby blues'.		
	Many think that maternal mental health or post natal depression only occurs after the baby is born however there are women who experience low mood, depression and anxiety during pregnancy.		
Slide 5	Statistics	5 min	Slide
	The purpose of the statistic section is to help build a picture of the prevalence of maternal mental health.		
	Inform the participants we are going to look at some statistics relating to maternal mental health. Read the information off the slide.		
	<b>Discussion point:</b> once you have read off the information, ask the participants what their thoughts and views are on		
	the statistics, are they alarmed by them, or did they expect		
	worse? Again highlight that the statistics provide a snapshot of the scale of maternal mental health problems.		
Slide 6	What to look out for?	15 min	Slide
	Divide the participants into groups, provide flipchart.		Flipchart/
	We have looked at what maternal mental health is and now we are going to explore what to look out for, what signs would prompt us to be concerned about a woman's mental health?	(10 min activity, 5 min feedback)	pen
	Invite the groups to write down possible signs and symptoms on the flipchart.		
	Take feedback from the groups one/two examples from each.		
	Put up the slide. These signs and symptoms are not exhaustive and there may be other signs that go unnoticed.		
	Remember if you are concerned for an individuals safety contact NHS 24 for advice.		

Slide	Notes	Time	Resources
Slide 7	How does MMH affect mothers and families?	15 min	Flipchart/
	Keep the participants in their groups.		pen
	Now we are going to look at how MMH can affect the	(10 min	Slide
	mother and family's mental health and wellbeing?	activity,	
	Give each group a flipchart and allocate each of them with	5 min feedback	
	a family member – i.e. mother, father or partner (including	Teedback	
	same sex partner), other children within the family. Ask them to consider the impact of pregnancy or the new addition to		
	the family has on each of these family members when the		
	mother or father/ partner have been affected by maternal		
	mental health issues.		
	Take feedback from each of the groups. It is expected that		
	participants will have included stress, anxiety and depression, strained relationships as examples of how MMH can impact		
	on wellbeing.		
	on wellbeling.		
	Mothers – some issues may include;		
	• inadequacy		
	anger, frustration and loss at the absence of hoped for		
	happiness and fulfilment		
	shame and stigma		
	• guilt		
	<b>Fathers</b> – partners - new fathers can find coping with their		
	partner's depression overwhelming, frustrating, and isolating (Davey et al 2006). New fathers are also at increased risk of		
	depression (Huang & Warner 2005).		
	Baby and siblings		
	Depression undermines a mother's ability to interact with her		
	baby responsively, so that the baby is significantly less likely		
	to form a secure attachment (Martins & Gaffen 2002).  Children (especially boys) of mothers who have been		
	postnatally depressed are at increased risk of cognitive delay		
	(Murray & Cooper 1997, Sharp et al 1995) and behavioural		
	problems by school age (Sinclair & Murray 2001; Hay et al		
	2003).		
	Moderate to severe depression in mothers and fathers		
	increases children's risk of experiencing depression themselves, particularly in early adulthood (Weissman et al		
	2006).		
	Untreated psychosis is associated with preterm birth and low		
	birthweight (Nordentoft et al 1997; Howard 2001).		
	Put up the slide and highlight some examples and that the		
	list is not exhaustive.		
	Acknowledge that this exercise demonstrates how MMH can significantly impact on a family's wellbeing but that with the right support in place there can be positive outcomes.		

Slide	Notes	Time	Resources
Slide 8	Supporting Maternal Mental Health  We have looked at what maternal mental health is, what signs to look out for and how it can affect mothers and their families. This part of the session will highlight some resources that can support maternal mental health.	10 min	Adult mental health supporting resources
	There are two e-learning modules that can be accessed on the link highlighted on the slide to help increase your knowledge and develop your understanding of maternal mental health. The National Childbirth trust highlighted at the beginning also provides useful information.		handout
	Highlight that there are various resources that can provide useful information to support mental health and wellbeing.  Distribute the adult mental health supporting resources		
	document. This gives examples of some useful general mental health resources, the list is not exhaustive.  Discussion point: are there any local resources that participants would like to share information on?		
Activity & slide 9	Remind the participants of the importance of looking after their own mental health and provide a self-care activity	5 min	Slide
Session Close	Thank the participants for their time and ask them to complete the reflective practice tool.	5 min	Reflective practice tool



# True or false statements (please circle)

1.	Pregnancy is a happy time; pregnant women don't get depressed	True/False
2.	Postnatal depression is less severe than other types of depression	True/False
3.	Postnatal depression is entirely caused by hormonal changes	True/False
4.	Postnatal depression will soon pass	True/False
5.	Postnatal depression only affects women	True/False

## Maternal Mental Health Quiz

### Answers

	1.	Pregnancy is a happy time; pregnant women don't get depressed	False This is a huge misconception that prevents many new mums from seeking help sooner. When diagnosed with a mental health issue like PND, the GP, health visitor or other healthcare professional will be focused on getting the mother better by offering medication and/or counselling. The aim of healthcare professionals is to keep families together. Perinatal mental health specialists will also often work with mums to help with bonding and attachment.
)	2.	Postnatal depression is less severe than other types of depression	False In fact, it's as serious as other types of depression. The causes of depression at this time can be complex and are often the result of a combination of factors.
	3.	Postnatal depression is entirely caused by hormonal changes.	False It's actually caused by many different factors. Most experts believe that PND is caused by a combination of factors. Biochemical and hormonal changes following childbirth may trigger postnatal depression, although the effect of these is still not clear. Hormonal changes that happen after having a baby can affect some women more than others. Social, emotional and psycholo
	4.	Postnatal depression will soon pass.	False Unlike the "baby blues", postnatal depression can persist for months if left untreated. In a minority of cases, it can become a long-term problem.In the days immediately following birth, many women experience the 'baby blues' which is a common condition related to hormonal changes and affects up to 80 per cent of women. The 'baby blues', or general stress adjusting to pregnancy and/or a new baby, are common experiences, but are different from depression. Depression is longer lasting and can affect not only the mother, but her relationship with her baby, the child's development, the mother's relationship with her partner and with other members of the family.
	5.	Postnatal depression only affects women.	False In general, studies have shown that 1 in 10 dads has PND and fathers also appear to be more likely to suffer from depression three to six months after their baby is born than at any other time. In addition, following a traumatic birth, fathers can be more prone to PTSD than mothers because they witness the trauma first-hand and can feel so helpless during the experience. Research from NCT found that more than 1 in 3 new fathers (38%) are concerned about their mental health.