WA Perinatal Mental Health Services
Women’s Health Clinical Care Unit
Women and Newborn Health Service

present

Perinatal mental health and dads –
The elephant in the nursery
Symposium

The University Club of Western Australia
26 November 2012

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Welcome

This year’s symposium has been a collaboration between the WA Perinatal Mental Health Services at Women and Newborn Health Service – namely, the WA Perinatal Mental Health Unit, the Mother and Baby Unit, and the Department of Psychological Medicine. On behalf of the organising committee, I welcome you to “Perinatal mental health and dads: The elephant in the nursery.”

In the field of perinatal and infant mental health, many professionals have also heard of “ghosts in the nursery”, a term coined by Selma Fraiberg and colleagues, referring to a hurtful parental past that may haunt the infant-parent relationship. In response to this, Alicia Lieberman and colleagues came up with "angels in the nursery", that is the protective and compassionate relationships of parental past that support the infant-parent relationship.

With this symposium, the committee wished to take this metaphor one step further. As fathers are often overlooked throughout the perinatal period, the committee hoped that this symposium would draw attention to "the elephant in the room” (i.e., the idiomatic issue at hand that is going unaddressed and/or unnoticed); hence, “the elephant in the nursery” concept was born.

This day has been dedicated to dads. We hope you enjoy it.

The Symposium Organising Committee
WA Perinatal Mental Health Services
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| 8.45 | 8.45 – MC opening, housekeeping, introductions, overview  
9.00 – Welcome to Country  
9.15 – Hon. Helen Morton (MLC) Minister for Mental Health |
<p>| 09.30 | Keynote: Dr Vijay Roach and Cathie Knox - “Perinatal Anxiety and Depression: Personal and Professional” |
| <strong>Lower Colonnade &amp; Banquet Hall South:</strong> | |
| 10.30 | Morning Tea |
| <strong>Theatre Auditorium</strong> | |
| 11.00 | Keynote: Prof Helen Milroy - “Infant Dreaming” |
| 11.45 | Dr Nicole Highton (beyondblue) - “In My Shoes: Insight into partners’ experiences of supporting women with perinatal depression and anxiety” |
| <strong>Lower Colonnade &amp; Banquet Hall South:</strong> | |
| 12.15 | Lunch |</p>
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<td>Miriam Maclean - “Juggling work and baby: impacts on parents’ mental health and what can be done”</td>
<td>Stephen Gallagher &amp; Dawson Cooke - “Reflections on 10 years of father inclusive practice in antenatal education”</td>
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<td>Dr Janette Brooks - “Assessing the mental health status of partners of women admitted to the WA Mother Baby Unit”</td>
<td>Dion Leeuwenburg - “Men and muppets: Dads’ identity and role models in relation to parenting during the perinatal period”</td>
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<td>Dr Jacqueline Frayne - “Partners of pregnant women with a diagnosed severe mental illness”</td>
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<td><strong>Keynote:</strong> Glenn Mitchell and Karen Tighe - “When the dream was not enough”</td>
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Venue map

- **UWA Club entrance**
- **Banquet Hall Foyer** (registration, morning & afternoon tea, lunch)
- **Banquet Hall North** (concurrent room 2)
- **Banquet Hall South** (trade tables & posters)
- **Lower Colonnade** (morning & afternoon tea, lunch)
- **Terrace** (networking & light refreshments)
- **Theatre Auditorium** (keynote sessions; concurrent room 1)
**Dr Vijay Roach** is an obstetrician and gynaecologist working in private and public practice in Sydney, Australia. He is a Councillor with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Lecturer at the University of Sydney and Chairman of the Gidget Foundation, a not for profit organisation whose mission is to raise awareness of perinatal anxiety and depression. He is married with five children.

**Catherine Knox** (BEd, MCS) is CEO of the Gidget Foundation, a role that includes advocacy and collaboration with various stakeholders from the health and the corporate sectors. She is currently overseeing the implementation of an antenatal mental health screening program at North Shore Private Hospital supported by a grant from the nib foundation. Her work also includes medical student and midwifery education along with frequent representation to professional, industry and community groups. She has a background in marketing, and adult education. Following her personal experience of perinatal anxiety and depression Catherine has pursued a passionate interest in the area of mental health and women’s life experiences. Catherine has a Masters in Gender and Cultural Studies from USYD and co-authored Beyond the Baby Blues; the Complete Perinatal Anxiety and Depression Handbook. She is currently undertaking a Graduate Certificate in Social Inclusion through UNSW.

**Winthrop Professor Helen Milroy** (MB BS CertChildPsych W.Aust., FRANZCP) is a descendant of the Palyku people of the Pilbara region of Western Australia. She is currently Winthrop Professor and Director of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia; and a Consultant Child and Adolescent Psychiatrist with the Specialist Aboriginal Mental Health Service located at Graylands Hospital. Helen is Lead Investigator of the Australian team on the NHMRC Tri-nations Grant “Educating for Equity” exploring how health professional education can reduce disparities in chronic disease.
**Dr Nicole Highet** is a leading Australian expert in perinatal mental health. Having completed a doctorate in the perinatal area Nicole has furthered her work in the area over the last 11 years at beyondblue, including overseeing the national depression research program. This identified that up to 10 per cent of women experience depression during pregnancy, rising to sixteen per cent in the postnatal period. This led to the development of the beyondblue National Action Plan, which was taken to government and resulted in them funding the $85 million National Perinatal Depression Initiative. Nicole also Co-Chaired the development of the Perinatal Clinical Practice Guidelines, endorsed by NHMRC in May 2011.

**Dr Richard Fletcher** leads the Fathers and Families Research Program at the University of Newcastle. In the 1990s he pioneered the study of men’s health and boys’ health and founded the community-based group, Fathers Against Rape, to conduct workshops with teenage boys in schools. He developed the Engaging Fathers Project at the University of Newcastle and worked to have it implemented in communities nationally. As a senior lecturer in the Faculty of Health, he designed and delivered courses and seminars to teachers, nurses, occupational therapists and medical students. In his PhD, he researched fathers’ attachment to infants and children. His research has covered many aspects of fathering from postnatal depression, use of YouTube, young fathers’ roles, fathers’ information needs, Aboriginal fathers’ service use, commuting fathers, and rough and tumble play. Richard is the convenor of a national network of researchers, The Australian Fatherhood Research Network. His new book, ‘The Dad Factor: How father-baby bonding helps a child for life’ was published in March this year.
Glenn Mitchell is a Former ABC TV/radio sports broadcaster, Olympics commentator and sports author. For more than two decades from early 1990 to 2011, Glenn Mitchell lived a life that many envied. As a sports commentator for the ABC, and married to fellow broadcaster, Karen Tighe, he travelled the world covering elite level sport. During his time with the national broadcaster he commentated on four Olympic and four Commonwealth Games and called over 190 international cricket matches, covering 12 overseas tours. Back home, he commentated more than 900 AFL and WAFL games, was the host of the iconic ‘Saturday SportsTalk’, and commentated on myriad sports.

But all through this period, Glenn was a sufferer of mental illness. In late 2006 he finally realised he needed medical help for his condition. Thus started a long and complex journey of self-analysis and various medications as he endeavoured to overcome his illness. Despite having made progress a confluence of events in early 2011 saw him descend into a highly depressive mental state that resulted in him inexplicably resigning his position at the ABC and making an attempt on his own life.

With the support of his wife, family, friends and doctors, he was able to fight back from the brink of despair. After overcoming his personal demons and reshaping his life, Glenn now aims to try and prevent others from enduring the torturous path he did by candidly speaking about his own journey.

Karen Tighe has been a regular face and now voice of ABC TV and radio sport since joining the ABC in 1989. In her home city of Sydney, Karen spent eight years as a TV sports broadcaster and presenter, anchoring golf, tennis and other major sporting broadcasts on the ABC network. In 1997, she made the move to ABC Radio as the presenter of the weekend national sports program 'Summer Grandstand' – a role she still enjoys from her adopted home town of Perth.

Karen has been involved in ABC Radio’s coverage of Olympic and Commonwealth Games, and has hosted six Paralympic Games with ABC TV. She was part of the Friday night fun of ‘Live & Sweaty’ on ABC TV in the early nineties and for six years presented sport on ABC TV's weeknight news in Perth. Karen was also the regular host of ABC TV's annual coverage of the Hopman Cup tennis tournament from 1994 to 2010.

Karen is married to Glenn Mitchell and they have a seven year old son James.
Dr Janette Brooks is a Senior Research Psychologist for the WA Perinatal Mental Health Unit, Clinical Senior Lecturer in the School of Women's and Infants' Health, University of Western Australia, and Clinical Psychology Registrar at the Department of Psychological Medicine King Edward Memorial Hospital. Previous to holding these positions, Janette was the WA Project Manager for the beyondblue National Postnatal Depression Program, and proud recipient of the beyondblue Sherryl Pope PhD Memorial Scholarship. Janette’s research interests include early intervention and prevention strategies for perinatal mental illness, the perinatal mental health needs of Australia’s ethnic minorities, and Indigenous perinatal mental health.

Dawson Cooke has worked with fathers for the past ten years as one of the DadsWA team at Ngala. He has three children aged 11, 13 and 15. He is currently evaluating the measurement of parental reflective functioning with mothers and fathers as part of a Clinical Psychology PhD at Curtin University.

Dr Jacqueline Frayne is currently a GP in Palmyra, Perth, a clinical tutor for the School of Primary, Aboriginal and Rural Health Care at the University of Western Australia and GP Obstetrician at King Edward Memorial Hospital for women working in the Childbirth and Mental Illness Antenatal Clinic.

Stephen Gallagher has worked with fathers and organisations working with them for over ten years as one of the DadsWA team at Ngala. A dad himself of two boys, Stephen currently seeks to work with organisations to promote effective parenting relationships and “walk the talk” at home.

Prof Yvonne Hauck is the Professor of Midwifery, a joint appointment between Curtin University and King Edward Memorial Hospital. Yvonne also has a research consultancy at the Clinical Application Unit in North Metro Mental Health and was involved in the initial project which prompted development of the Childbirth and Mental Illness Antenatal Clinic based at King Edward Memorial Hospital.

Dion Leeuwenburg is a clinical social worker with postgraduate qualifications in counselling and family therapy. He has worked in both public and private sectors as a senior therapist, specialising in mental health and relationship issues for both adults and children. He enjoys working with individuals, families and children. Dion has a particular interest in working with couples concerning the
parenting of children and also emotion regulation. He is aware of just how beneficial relaxation; mindfulness/meditation skills in combination with counselling can be to promote wellbeing. Dion also provides professional supervision to clinicians.

Miriam Maclean is a Research Officer at the WA Perinatal Mental Health Unit, responsible for evaluating a range of service expansion projects aimed at addressing mental health issues in the perinatal period. She is particularly interested in the social factors and supports that impact on families’ mental health and wellbeing. Prior to taking up her current position she worked in the private sector as a research consultant, and completed a MSc in Industrial and Organisational Psychology.
Keynote Presentations

Perinatal Anxiety and Depression- Personal and Professional

Dr Vijay Roach and Ms Cathie Knox

Vijay Roach is an obstetrician and gynaecologist. He is married to Catherine Knox and together they have five children. 20 years ago, Cathie suffered perinatal anxiety and depression following two unplanned pregnancies and a traumatic birth. It took two years to diagnose, resulted in admission to hospital and required months of treatment and counselling for both Cathie and Vijay. While the effect of this disease on women is now talked about openly, the experience and suffering of men is neither acknowledged or discussed. Many years later, following a meeting with a family grieving the loss of a young woman who had taken her own life suffering from postnatal depression, Vijay and Cathie helped to establish the Gidget Foundation whose mission is to promote awareness of perinatal anxiety and depression. Vijay became the Chairman and Cathie is now the CEO. At the WAPMHU Symposium, they will share their personal journey and discuss the significance and increasing awareness of the impact of perinatal mental illness upon men.

Notes:
Infant Dreaming

Winthrop Professor Helen Milroy

The presentation will initially reflect on Aboriginal understandings of infants and the perinatal period. There is no doubt the perinatal period presents an ideal opportunity for significant intervention to contribute to closing the gap in life expectancy and outcomes for Aboriginal women, families and communities. The current experiences and outcomes for Aboriginal women will be discussed from traditional and contemporary perspectives. The presentation will conclude with a focus on developing interventions based on both a trauma-informed and culturally informed model of care.

Notes:
In My Shoes – Insight into partners’ experiences of supporting women with perinatal depression and anxiety

Dr Nicole Hight

Perinatal mental health disorders can have a significant impact on all members of the family - including partners. *Beyondblue, the national depression and anxiety initiative* has undertaken considerable research and activity to raise awareness and address issues for fathers specifically.

This presentation will provide the latest updates on *beyondblue’s* work in this area. This includes an economic impact of the personal and financial costs of not treating maternal depression and anxiety - with a focus on the father. The presentation will also provide a personal account of the impact of perinatal depression and anxiety on well-known television personality, Peter Overton, who describes his own experience and offers advice for fathers and health professionals alike.

Finally, key issues raised by partners in *beyondblue’s* qualitative research will be outlined, and strategies adopted to date to address these issues will be discussed.

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Father-Infant Attachment: evidence and implications for practice

Dr Richard Fletcher

Commencing in the 1950s John Bowlby and Mary Ainsworth blended insights from clinical practice, psychoanalysis, ethnology and family observation studies to formulate a theory for appreciating and understanding mother-infant interaction. Now, more than sixty years later, we are approaching father-infant attachment in a similar fashion. Evidence from the neurosciences, evolutionary biology, psychology and anthropology are being linked to understand, and appreciate, father-infant interaction. The thrust of this new, multidisciplinary research is to place the infants’ relationship with the father alongside the mother-infant relationship. The practical and clinical ramifications of this shift are only slowly being registered. In this presentation recent emerging evidence on father-infant attachment and an example of a clinical approach to engaging and working with a father focussed on addressing the needs of his infant and partner following the onset of maternal depression will be presented.

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When the dream was not enough

Glenn Mitchell and Karen Tighe

Like many others, Karen and Glenn went through the emotional rollercoaster of IVF treatment which was compounded by Karen realising that something wasn’t “quite right” with Glenn, despite the fact that he was excelling in his career.

A day after the arrival of their much longed for child, Glenn still felt his priority was to fly out of Perth to cover a Cricket Test in Sydney. To allow this to happen, Karen had agreed to have their baby induced on the due date despite wanting to wait until nature was ready. For Karen it was a way of “keeping the peace”.

On their son’s first birthday, Karen gave Glenn an ultimatum. “Something is not right, you need help.” This was the start of a long journey to Glenn finally being diagnosed with Bi-Polar 2.

Today, Glenn enjoys a wonderful relationship with seven year old James even though it’s already becoming an even contest in their backyard “Test Matches”!

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Juggling work and baby: Impacts on parents’ mental health and what can be done

Miriam Maclean

Freud is famously purported to have said “work and love, love and work - that’s all there is”. The workplace is where many people spend the majority of their waking hours, and it can strongly influence our financial and social wellbeing, and sense of identity. However its impact on mental health is often overlooked. Work issues such as stress, work-family conflict and pregnancy discrimination have been linked to depression and anxiety. These issues are especially pertinent in the perinatal period, when mothers and fathers adjust to their changing roles and decide how to manage the juggling of work and parenting responsibilities.

This presentation will discuss the effects of both work-to-family conflict (where work pressures impact on family), family-to-work conflict (where family pressures impact on work), and newer concepts such as work-family enrichment. Although work-family issues have traditionally been considered as more relevant to mothers, there is an increasing recognition of the importance of understanding how work-family issues affect fathers. In addition, influences and outcomes of decision-making about parental leave will be discussed.

Having identified a problem that impacts significantly on the emotional wellbeing of parents, it is also important to consider solutions. A meta-analysis was conducted, combining the results from 17 studies and 13,568 participants, examining the relationship between family-supportive workplace cultures and work-family conflict. The results are presented, along with a range of practical and innovative approaches undertaken by organisations and parents to make juggling work and babies a little easier.

Notes:
10 Years on - Has anything really changed? Reflections on 10 years of Father Inclusive Practice in Antenatal Education

Stephen Gallagher and Dawson Cooke

Ngala’s HeyDadWA program has been providing men’s antenatal education in the community and in partnership with three Perth hospitals for 10 years. This symposium presents an opportunity to reflect on that ten years of service provision, and to ask, “What have we learned from this?” Exploring this question will present learnings for future directions for men’s antenatal services, and ideas to be applied more broadly to Father Inclusive Practice.

The presentation will briefly examine the history and service rationale for establishing men’s antenatal services, it will explore current models utilised and look at any changes which have occurred and why. This will involve examining both the content and process of the men’s antenatal sessions, as well as how and why collaborations have worked with the partner organisations. Importantly, evidence gathered from dads’ feedback and facilitators, will be presented to inform what is working now, and what could be improved, in terms of current practices.

This reflection of the whole process is hoped to provide insight to those involved in antenatal education into the changing cultural expectations, and a glimpse to future trends and challenges for dads antenatal education.

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Assessing the mental health status of partners of women admitted to the Western Australian Mother Baby Unit

Pamela Whittaker, Dr Janette Brooks, Prof. Jane Fisher and Gillian Ennis

There is now a growing body of evidence indicating that the partner of the expectant or newly birthed mother is vulnerable to psychological distress, particularly if their partner is diagnosed with a mental illness severe enough to require in-patient care at a specialised psychiatric unit. Moreover, with several studies now documenting negative child outcomes associated with 'paternal' depression during the perinatal period the mental health of these men can no longer be ignored.

This presentation will report the results of a descriptive cohort study that collected demographic and psychosocial information from partners of women admitted to the Western Australian (WA) Mother Baby Unit for specialised in-patient psychiatric care during 2011-12. Participants completed a purpose-designed 31-item demographic questionnaire and the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987). The study aimed to ascertain whether partners of women admitted to a perinatal psychiatric in-patient facility in Australia report clinically significant levels of depressive symptomatology and if they believe they have adequate practical and emotional support. From a family systems theory perspective, anything that impacts on one member of a family will also affect the other family members. The mental health of each parent is linked to the mental health of their partner and can impact on parenting, attachment relationships and child outcomes. By gaining a better understanding of the characteristics, risk factors, supports and areas of positive functioning of partners of women admitted to the WA Mother and Baby Unit, there is potential to provide support that not only improves outcomes for the patient (i.e. the mother) but the well-being of the entire family unit.

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Men and muppets – Dads’ identity and role models in relation to parenting during the perinatal period

Dion Leeuwenburg

This presentation will discuss the importance of exploring the concepts of: identity and role models in relation to parenting during the perinatal period. Particular focus will be given to dads, and engaging them in conversations regarding their identity as: individuals, parents, and partners, members of the family system and community, plus an exploration of accessing positive role models.

I will draw on concepts from a number of counselling/psychotherapeutic modalities particularly: Acceptance and Commitment Therapy, and Narrative Therapy. Both of these approaches respectfully acknowledge people’s concerns and recognize that people do possess skills and knowledge to address their challenges. Narrative therapy also highlights that our lives are multi-storied, and this multi-storied view of life can assist in the scaffolding of ideas to overcome challenges. Participants will be shown a variety of questions that can be helpful when unpacking notions of: identity, gender, in addition to managing the challenges of being a parent and partner. These questions also seek to enhance a sense of individual agency, and can be of assistance in all the phases of managing a mental health diagnosis existing in the family or extended family system. The presentation will also discuss the possibility of having respectful and light-hearted approaches when talking with dads about these concepts. Highlighting the ability of media and the arts to enhance conversations about the themes of the presentation - participants will be shown a video clip from the song: ‘Am I a Man or am I a Muppet?’ This video will service as an example of the sorts of popular discourse regarding ‘identity’ concerning being male.

At the time of conference – I will be a first time dad, and I will share my personal reflections of the above subject matter, plus the helpfulness of these practices with regard to my therapeutic work with dads and their families.

Notes:
Partners of pregnant women with a diagnosed severe mental illness

Dr Jacqueline Frayne, Dr Janette Brooks, Dr Thinh Nguyen, Suzanna Allen, Miriam Maclean and Prof. Jane Fisher

Aims: Partners are often enlisted in the care and management of pregnant women with severe mental illness (SMI), however their needs and capacity to provide support for these women is not yet well understood. We aim to describe the psychosocial characteristics, health behaviours and appraisals of parenthood of men accompanying their partners to a specialist antenatal clinic.

Methods: A 36-question, study-specific cross sectional survey was completed by men whose partners with SMI were receiving antenatal care at a specialist multidisciplinary clinic over a twelve-month period.

Results: A high percentage of eligible participants (40/41, 97.5%) completed the survey. Overall 25% depended for income on social security benefits; 60% reported smoking, alcohol and drug using behaviours that carried high health risks; 18% had a history of domestic violence order (DVO) being taken out against them, and 12.5% a documented history of bipolar or schizophrenic illnesses. Despite these risk factors they reported high satisfaction with their intimate partner relationships, and all anticipated the birth of the baby and impending fatherhood with enthusiasm, optimism and perhaps idealisation.

Conclusions: Men who are the pregnancy partners of women with SMI, appear to be an especially vulnerable population. They report high rates of psychosocial difficulties, which are likely to have an adverse impact on their capacity for realistic planning and support of their partners in this critical period of adjustment to parenthood. We recommend enhanced models of clinical care in which assessment and provision of support for partners is incorporated into the comprehensive care of pregnant woman with SMI.

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Patern al anxiety reduced with a father inclusive perinatal educational/social support program

Jennifer Totohoa, Bruce Maycock, Prof Yvonne Hauck, Peter Howatt, Colin Binns, Satvinder Dhaliwal, Sharon Byrne

Perinatal research on anxiety and depression has focused upon mothers. We have limited knowledge of fathers’ mental health during the perinatal period yet there is evidence that the capacity to parent can be compromised by anxiety and depression. This paper will report the impact of a father inclusive intervention on perinatal anxiety and depression. The primary aim of the intervention was to provide education and support to fathers of breastfeeding partners with the aim of increasing breastfeeding.

A repeated measures cohort study was conducted during a randomised controlled trial implemented across eight public maternity hospitals in Perth, WA in 2007 and 2009. A baseline questionnaire which included the Hospital Anxiety and Depression Scale was administered to all participants antenatally whilst attending their first parent education class and repeated at 6 weeks post birth.

The mean anxiety levels at baseline for fathers in the intervention group (n=289) and control group (n=244) were 4.58 and 4.22, respectively. At 6 weeks post birth (matched pairs), levels decreased to 3.87 and 3.79. Although both groups demonstrated a reduction in anxiety, the decrease in the anxiety score over the two time periods for intervention fathers was statistically significant (p=0.48) compared to control fathers. Mean depression scores for intervention fathers at baseline (1.09) and 6 weeks (1.09) were similar to control fathers at baseline (1.11) and 6 weeks (1.07) remaining basically unchanged.

All fathers experienced anxiety during the antenatal period, which reduced by 6 weeks post birth. Providing a gender specific antenatal class with timely, relevant information and support over the first 6 weeks post birth resulted in a greater reduction in anxiety for the intervention fathers. Although anxiety is common to new fathers providing a father inclusive perinatal education support program can assist in reducing this anxiety.
Service provision and evidence-based practice


Background: A high prevalence of depression has been reported in mothers following very preterm (VP, <33w) delivery.

Objective: To assess the psychological state of the mother following VP birth: during the first year of her child’s life and to explore factors in the mother’s history associated with depression.

Design: Cohort study of mothers enrolled in a randomised trial on prevention of postnatal depression or its pilot study

Setting: Sole tertiary perinatal centre in Western Australia.

Participants: Two hundred and twenty five mothers of whom 9 were in the pilot study.

Outcomes: Depression, stress disorders and maternal psychological history was assessed by a clinical psychologist at structured interview using the Schedule for Affective Disorders and Schizophrenia (SADS) and DSM IV criteria at 2 weeks, 2, 6 and 12 months.

Results: Seventy-nine mothers (35%) met criteria for a diagnosis of depression during their child’s first year. Forty-two were diagnosed while their child was still in the neonatal unit. Co-morbidity with a stress disorder or adjustment disorder was common in the neonatal unit. Seventy-five mothers (33%) had a history of depression and 33 mothers (14%) had an antenatal episode of depression during this pregnancy. Depression was significantly more common with either a history of, or antenatal episode of, depression: 24/57 (42%) with positive history only; 11/15 (73%) with an antenatal episode only; 15/18 (83%) with both; and 29/135 (21%) with neither.
Logistic regression showed antenatal depression, past history of depression and maternal pre-eclampsia as the only factors significantly associated with an increased risk of depression. Socio-demographic factors, desire for a child, planned pregnancy, assisted pregnancy and a negative labour and delivery experience were not associated with an elevated risk. Fifty of the 79 mothers (63%) who developed depression had either a history of depression or an antenatal episode and could have been identified on admission to the unit.

**Conclusions:** Depression is common in mothers following very preterm delivery. The majority of these mothers can be identified by taking and reviewing their clinical history.

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Practical Support for Dads

Kendal Head

The Practical Support Program (PSP) is delivered by Red Cross across the Perth metropolitan area and South West of Western Australia. PSP assists and supports families through the challenging postnatal time when many parents are also experiencing perinatal mental health issues, feel isolated, overwhelmed and vulnerable.

Red Cross staff and volunteer visitors encouraging the building of positive relationships between the parents and their children by promoting the development practical skills relating to the care of the children and role modelling parenting skills. From helping them to establish basic family routines and budgeting to good nutrition and eating habits, the PSP helps families develop practical skills. The PSP also links the family to other support services and social networks in the local area such as playgroups and community centres.

PSP has been highly successful and has a proven record of positive support for hundreds of families in WA. But…. How can PSP provide better support to the whole family? With an estimated 50% of partners of women experiencing PND also experiencing PND, are we doing enough to support the Dads or is he the elephant in the nursery that we all just tip toe around?

This poster outlines the Practical Support Program and also explores how the needs of partners may be better supported.

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Beyond Utopia: perfect programs that miss the mark

Kendal Head

What if you had no boundaries when developing a program to support families with perinatal mental health issues? No funding restrictions, no staffing issues, no geographical challenges and no preordained mindset? Sound like Utopia?

What would the perfect program include to meet the needs of the individual families? What kinds of programs are required? What service models have proven records? For what length and intensity should agencies be employed? How do we ensure cultural security? What are the current gaps? How do we promote empowerment rather than reliance on services? Where are the Dads? Why do they seem forgotten in the care and treatment of women with perinatal mental health issues?

This poster invites you to join me in considering programs beyond utopia. By bringing together the contributions from a broad range of experienced frontline staff and clinicians, together lets explore innovation in models of service delivery, targeting three target groups: Aboriginal peoples, CaLD communities and teenage parents.

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Development of a culturally inclusive family based support intervention for Aboriginal expectant fathers in Western Australia

Cheryl Kickett-Tucker, Jennifer Dodd, Rhonda Marriott, Dr Janette Brooks, Caroline Nielsen

Research spanning two decades has identified that perinatal depression is associated with a range of long term negative outcomes that affect the mother, the father, the child, family and society (Buist et al. 2002; Murray et al. 1996). However, there are few published studies and a scarcity of published data about the rates of perinatal depression in Aboriginal communities. There is even less information about how Aboriginal fathers cope with new parenthood. Nevertheless, there is little doubt that paternal perinatal depression is a serious issue.

This study is the result of an active multi-sectoral partnership that recognises these issues and has been funded by beyondblue, City of Swan and Healthways. The overall aim of the study is to enhance the perinatal mental health of Aboriginal families in the urban Swan and regional Kalgoorlie-Boulder areas through participation in a culturally secure and inclusive Aboriginal parenting support program and the development of a culturally and locally appropriate adaptation of the Edinburgh Postnatal Depression Scale (EPDS).

The study will adopt a highly consultative community participatory methodology utilising mixed methods of quantitative, qualitative and documentary reviews. The broad research questions are:

- What are the culturally validated concepts that describe Aboriginal parental and family wellbeing during the perinatal phase?
- What are the processes, approaches and informational content that will underpin culturally secure, effective, holistic and family based support programs for new and expectant Aboriginal parents?
- What are the processes, approaches and informational content that will contribute to the development of culturally secure, effective and locally relevant parenting support programs that specifically meet the needs of Aboriginal fathers?
• How can current screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) be adapted to meet the needs of Aboriginal fathers and their families?

The research team aims to undertake an innovative research process that provides the participants with benefits from participating and also build the capacity of Aboriginal researchers who will undertake the research.

Notes:
Certificate of attendance

If you require a certificate of attendance as evidence of professional development, please alert one of the committee members upon handing in your evaluation form at the end of the day.

Evaluation forms

Please take the time to complete an evaluation form (enclosed in your symposium bag) and place in one of the designated boxes at the end of the day.

The symposium goes online!

Most of today’s presentations and posters will be available for download at the symposium webpage shortly. To access these, go to


Any questions?

If you have any further queries about the ‘Perinatal mental health and dads: The elephant in the nursery’ symposium or about perinatal mental health, please contact the WA Perinatal Mental Health Unit.

Phone: (08) 6458 1786
Email: spimhp@health.wa.gov.au


Thank you for your attendance and participation!
University Club of Western Australia
Reception contact details – 6488 8770

Parking information
As this symposium falls on the first day of a University vacation, YELLOW (student) permit areas are available to anyone. Yellow parking areas can be found in car parks 1 and 4.

Note: Red (staff) permit areas are reserved throughout the year for staff only.

Short term (3-hour) pay parking is available University Car Park 3 which is located immediately adjacent to The Club.

Full day parking is available in Car Park 23 (corner Hackett Drive and Mounts Bay Road), and along the University side of Hackett Drive.