

Early Childhood Mental Health Conference
September 11, 2020

HOPE FROM THE BEGINNING

Supporting Peripartum Mental Health Within the Community

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September 11, 2020

PRESENTERS

Stacey Annand, PhD, LMFT
Vista Hill ADAPT

Jessica Elkind, BA
County of San Diego

Mindy Coughlin, BSN, RN, PHN
County of San Diego

Chantel Enriquez, MA, LPCC
Vista Hill ADAPT


Takeenya "Keeya" Hill, MSW
Vista Hill ADAPT

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"THERE'S NO SUCH THING
AS A BABY.

THERE IS A BABY &
SOMEONE."

—Winnicott, 1947



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GARDENERS

Tending to many things at once



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TERMINOLOGY

The Perinatal Period
The timeframe from conception through the first year after giving birth

Perinatal (pregnancy or the postpartum period)
Mood (depression, bipolar, psychosis)
Anxiety (GAD, panic, OCD, PTSD)
Disorders (impairs/disrupts daily functioning)

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NOT THE BABY BLUES

The baby blues affects up to 80% of new mothers, and usually resolves in about 2-3 weeks

Crying/Tearfulness
Irritability/reactivity
Exhaustion

Functioning not affected—
Sense of self remains unchanged

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PERINATAL MOOD & ANXIETY DISORDERS

Perinatal mood and anxiety disorders (PMADs) are **the most** common complication of pregnancy, childbirth, and the postpartum period

PMADs **do not** discriminate

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THE IMPACT

400,000 babies
(American Academy of Pediatrics, 2019)

14.2 billion
(Perinatalists, 2019)

\$34,740
(Perinatalists, 2019)

1 in 5 women
(California Health Care Foundation, 2019)

8000 mother-child
(County of San Diego, 2019)

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PERINATAL MOOD & ANXIETY DISORDERS

<div style="background-color: #4a7c8c; color: white; padding: 5px; text-align: center; margin-bottom: 5px;"> <p>DEPRESSION</p> </div> <ul style="list-style-type: none"> Low mood, tearfulness, sadness Poor concentration, focus, indecisiveness Fatigue—energy does not restore Loss of interest, joy, or pleasure Appetite/Sleep is dysregulated Feelings of guilt, shame, or hopelessness Isolation, social withdrawal Lack of feelings or connection with baby Recurrent thoughts of death/suicide 	<div style="background-color: #4a7c8c; color: white; padding: 5px; text-align: center; margin-bottom: 5px;"> <p>ANXIETY</p> </div> <ul style="list-style-type: none"> Agitation/irritability Constant worry/Racing thoughts High alert/on edge Inability to sit still—restlessness Disturbances of sleep and appetite Dizziness, hot flashes, nausea/GI distress Racing heart, shortness of breath Hypochondriasis (about self or baby) Feeling that something bad is going to happen
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OTHER CONCERNS

Perinatal **Panic Disorder**
 Perinatal **OCD**
 Perinatal **PTSD**
 Perinatal **Bipolar**

Perinatal Psychosis—MEDICAL EMERGENCY

- ✓ Delusions/hallucinations
- ✓ Do not feel disturbed by actions/thoughts (ego syntonic)
- ✓ Onset usually 2-4 weeks postpartum (Morison et al. 2014)

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UNIVERSAL RISK FACTORS

Previous Perinatal Mood/Anxiety Disorder
History of Mood/Anxiety Disorders
Significant Mood Fluctuations/Reactions to hormonal changes
Endocrine Dysfunction
Social Factors
High Stress Parenting

KEEP IN MIND WHEN CONDUCTING ASSESSMENT

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EXACERBATING FACTORS

Pain Lack of sleep Sudden discontinuation of breastfeeding Childcare stress/Relationship Stress Perinatal Loss Childhood sexual abuse/Sexual assault Perinatal complications Health challenges in baby or parents	Temperament of baby/goodness of fit Age, gender, race related stressors Climate Stressors Perfectionism/High Expectations Unresolved grief/attachment with mother Returning to work Weight/body-image Low self-esteem
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INTERVENTIONS

Psychotherapy
 CBT
 IPT

Psychosocial
 Peer support
 Non-directive counseling and support groups

Lifestyle Support

Medication

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SCREENING TOOLS

Edinburgh Postnatal Depression Scale (EPDS)*
 Patient Health Questionnaire (PHQ-9)
 Perinatal Anxiety Screening Scale (PASS)
 Postpartum Depression Screening Scale (PDSS)

*Screen at initial prenatal visit, during pregnancy, postpartum
Screen mom and partner

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WELCOME TO ADAPT

Supporting Peripartum Mental Health Within the Community


Stacey Annand, PhD, LMFT, PMH-C
ADAPT—Clinical Supervisor

Chanel Enriquez, MA, LPCC
ADAPT—Licensed Clinician


Takeanya Hill, MSW
ADAPT—Peer Partner

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ADAPT TEAM




Briana
Peer Partner



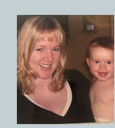
Sarah
Program Manager



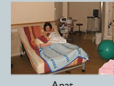
Ashley
Clinician
In the womb




Dianna
Clinician



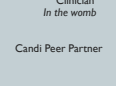
Angela
Senior Operations Director



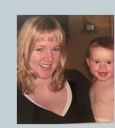
Anat
Clinician



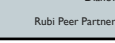
Julia
Clinician



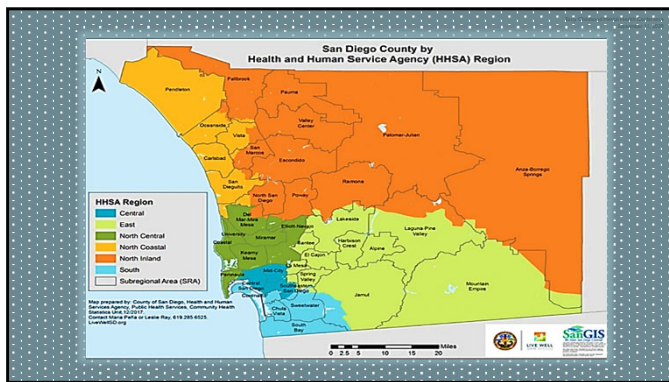
Candi
Peer Partner



Diane
Administrator



Rubi
Peer Partner



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BASIC FACTS

Closed referral—PHN
Scope is peripartum mental health

Home-based—accessibility is key

One Clinician per Region (Level 1)
One Peer Partner per 2 Regions (Level 1 or 2)

Mild to moderate needs

Six months

Co-located with PHN

Real-time collaboration

Case consultations

Collateral contact

Coordination of care

PHN Support
Debriefs and Roundtable*

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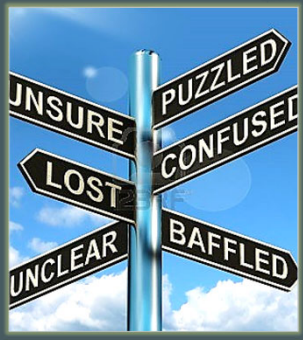
COMMON NOT TYPICAL

<ul style="list-style-type: none"> Unplanned Pregnancy/High Risk Pregnancy Intimate Partner Stressors Living/Environmental Stressors Low Perceived Support Housing and Immigration Stressors Chronic Health Challenges 	<ul style="list-style-type: none"> Perinatal Loss Perceived Traumatic Birth Experience Previous PMADs History of Anxiety, Depression, Bipolar Adverse Childhood Experiences Sense of Self
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THE HOLDING ENVIRONMENT

WE IMAGINED.
WE PREPARED.
WHAT REALLY HAPPENED.



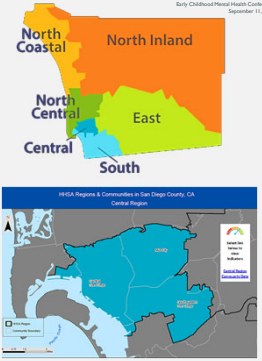
CHANTEL

ADAPT Clinician
CENTRAL REGION



CENTRAL REGION

San Diego's City Core



WHEN YOU CAN'T FIND A BRIGHT SIDE,
I WILL SIT WITH YOU IN THE DARK

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JP'S STORY

Finding quiet in a whirlwind

Presentation:

- Floodgates
- Challenges with internal containment

Initial Focus:

- Grounding
- Reigning in while respecting her experiences

My Process:

- Reflective supervision, parallel process

Interventions:

- Support slowing down, pausing
- Scheduling changes

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JG'S STORY

Finding the pearls

Presentation:

- Youthful
- Over it
- Smiles through it all

Initial Focus:

- Support storytelling, sharing, explore anger

My Process:

- Recognize my reactions: *feeling honored, stuck*
- Testing the waters: *discussing children, grief*

Interventions:

- Safety in relationship
- Emotional literacy

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KT'S STORY

Yearning for connection

Presentation:

- Go getter
- Intrusive and scary thoughts

Initial Focus:

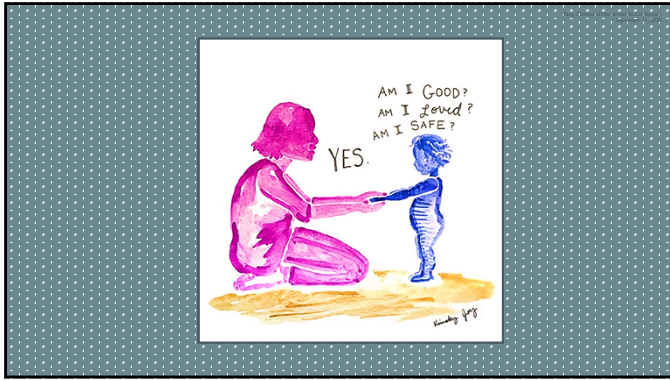
- Emotion regulation
- Sleep

My Process:

- Concerns about boundaries: *worried and protective*

Interventions:

- Stabilize feelings of overwhelm, disappointment, fear
- Explicitly address intrusive and scary thoughts



KEEYA

ADAPT Peer Partner
EAST/NORTH CENTRAL REGIONS

PROFESSIONAL PARTNERING

Peer relationships involve an equal status, similar adverse experiences founded on the key principles of respect, shared responsibility and mutual agreement of what is helpful.

I FEEL SO SMALL

THE STRUGGLE

Isolation
Seeking Validation
Importance of Social Norms
Finding sense of self
Identity issues
Cultural values creating conflict

Role

- Side by side support
- Validation and empowerment
- Case management
- Skill building

Impact


- Finding commonality
- Enabling and empowering mothers
- Feeling understood

PERIPARTUM DURING A PANDEMIC

- Flexibility
- Telehealth
- Staff Contact
- Birthing during COVID-19
- Groups
- Community Resources & Door Drop-offs
- PHN

YOU ARE NOT ALONE.
YOU ARE NOT AT FAULT.
WITH HELP, YOU CAN BE WELL.

-Porgarten Support International



CONTACT US

<p>Stacey Annand Mindy Coughlin Jessica Elkind Chantel Enriquez Takeenya Hill</p>	<p>sannand@vistahill.org melinda.coughlin@sdcounty.ca.org jelkind@sdcounty.ca.org cenriquez@vistahill.org thill@vistahill.org</p>
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