A Stitch in Time saves Nine!: Early Intervention in Perinatal Mental Health

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Overview

- Key aspects of perinatal MH disorders: prevalence, effects
- Parenting: challenges and opportunities
- Costs associated with perinatal MH conditions
- Policy direction in Australia
- Role for Screening and Early Detection of perinatal MH disorders
- Early Intervention in perinatal MH
- Stepped Approach to perinatal MH
Prevalence and characteristics

- **Perinatal depression**¹
  - 11-15%, a third begins in pregnancy and another third pre-pregnancy
  - Generally co-morbid with prominent anxiety

- **Perinatal Anxiety**²
  - 13-15%
  - Mostly obsessive compulsive quality
  - PTSD is more common than estimated, triggered by traumatic experiences

- **Psychotic disorders**²
  - Higher risk of having a Bipolar episode (2.8%)
  - Pregnancy has a protective effect, but post-partum is a high risk period

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Effects of Antenatal Depression on the pregnancy/ fetus

- Increased risk of premature delivery
- Low birth weight (and IUGR) in low- middle income countries
- No association with pre-eclampsia, APGAR scores, or admission to neonatal intensive care units
- Weak association with antidepressant use after accounting for confounders for these parameters

Effects of Depression on Infant/Child

**Antenatal**
- Emotional problems
- Depression in late adolescence
- Externalizing behaviors including antisocial
- Insecure attachments
- Underweight (LMICs)
- Overweight (HICs)

**Postnatal**
- Difficulties in emotional regulation and social behavior
- Depression during adolescence
- ADHD and externalizing behavior
- Insecure attachments
- Ability to learn, achievement of milestones, language*
- General cognitive development*

Three Core Concepts in Early Development

Toxic Stress Derails Healthy Development

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Moderating role of Parenting

- Quality of Parenting is affected by:
  - Ability to respond to environment
  - Engage with infant
  - Provide contingent responses to infant’s cues
  - Thinking of child’s perspectives, thoughts and feelings
  - To support infant when distressed

- Secure Attachment
  - Availability and appropriate responsiveness
  - Treating children as individuals


Three Core Concepts in Early Development

Serve & Return Interaction Shapes Brain Circuitry

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Other Moderating Factors

- Socioeconomic circumstances¹
  - Practical Support
  - Finances
- Partner Support and well being
- Amelioration of symptoms improves mother-infant interactions and play²

Costs

- Just under £10,000 for every single birth (£8.1 billion/ 1 year cohort of births)
- Majority (72%) relates to adverse impact on child
- Average cost to society per case is £74,000 for depression, £35,000 for anxiety, and £53,000 per psychosis
- Only £400 extra cost per average birth can improve service provision (current cost of not providing the service is £2100 per birth on public sector)

National Perinatal Depression Initiative: Joint Initiative ($85 million 2008-2013)

- Roll out of **routine and universal screening, support and treatment services, and training for health professionals**
- ATAPS and BOMHI: to support Primary care to better support perinatal women
- This funding (Federal aspect) has been ceased since June 2015 and most PEH Programs in the state were disbanded!
Issues in Private Practice

- Universal Screen policy may not be applicable
- Practices may be isolated from other services
- Routine practice pick up rate is lower than when using a screen (6.3% vs 35%)\(^1\)
- Lack of pathway to manage pick-ups
- Stigma issues around the diagnosis\(^3\)
- Prevalence in private settings may be lower due to higher SES\(^3\)
- However, private patients have higher risk factors

1: Summary of UK National Screening Committee guidelines\textsuperscript{5,6}

The condition should:
- be an important health issue;
- have a well-understood history, with a detectable risk factor or disease marker; and
- have cost-effective primary preventions implemented.

The screening tool should:
- be a valid tool with known cut-off;
- be acceptable to the public; and
- have agreed diagnostic procedures.

The treatment should:
- be effective, with evidence of benefits of early intervention; and
- have adequate resources; and
- have appropriate policies as to who should be treated.

The screening program should:
- show evidence (from randomised controlled trials) of reduced mortality or morbidity, with benefits of screening outweighing risks;
- be acceptable to public and professionals, with adequate resources and informed consent;
- be cost effective (and have ongoing evaluation); and
- have quality-assurance strategies in place.

- High Morbidity
- EPDS:
  - 68-86% sensitivity, 78-96% specificity
  - Self-report tool (10 questions)
  - Positive Predictive Value 70-90%
- Treatments:
  - Psychosocial
  - Pharmacological
As you have recently had a baby, we would like to know how you are feeling. Please underline the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

**In the past 7 days:**

1) *I have been able to laugh and see the funny side of things*
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2) *I have looked forward with enjoyment to things*
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3) *I have blamed myself unnecessarily when things went wrong*
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4) *I have been anxious or worried for no good reason*
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5) *I have felt scared or panicky for no very good reason*
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6) *Things have been getting on top of me*
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7) *I have been so unhappy that I have had difficulty sleeping*
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8) *I have felt sad or miserable*
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9) *I have been so unhappy that I have been crying*
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10) *The thought of harming myself has occurred to me*
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

*Response categories are scored as either 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk are reverse scored (i.e., 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items. Reproduced from Cox and colleagues by permission of The Royal College of Psychiatrists.
RISK FACTORS FOR DEPRESSION

Antenatal
- DV
- Life stress, major negative life event
- Absence of social or relationship support
- Unwanted pregnancy
- Past history
- Anxiety

Postnatal
- DV/ Previous abuse
- Marital Difficulties
- Negative life events
- Migration status
- Past history, Anxiety, Substance misuse
- Neuroticism
- Multiple Births
- Complications in baby
- Comorbid medical illnesses

Early Intervention

- Aim is to improve parenting and it’s positive effect on the child\(^1\)
- To prevent perinatal MH disorders (where possible)
  - Help mothers stay well by addressing modifiable risks
  - Identify High Risk groups and support them
- Early detection and timely and effective treatment
- Avoid “Omission Bias” in providing care\(^2\)
- Some effects of perinatal MH disorders may not be reversible\(^1\)
- The Key is for a stepped care approach that enables well being focus, access, effective identification, support and intervention.

PARENTING INTERVENTIONS

- Circle of Security (COS)
- Nurse Family Partnership (NFP)
- Steps toward Enjoyable, Effective Parenting (STEEP)
- Promoting First Relationships
- Sensitivity Coaching
- Video Feedback Intervention

Vision of a Stepped Care Model

- Engagement and Education of community about parenting and perinatal MH disorders
- Addressing potential high risk situations with couples and enabling protective factors
- Proactively working with mothers with high risk factors
- Screening, early detection and early intervention
- Access to suite of appropriate (and acceptable) levels of specialist care- outpatient, CL, inpatient and outreach models
- A good multidisciplinary perinatal well-being network
- Integrating Research, Innovation and Education
- Focus should be to improve and enjoy parenting
Conclusions

- Perinatal Mental Health Disorders are common affecting 1 in 5 mothers
- They have significant impact on mother, fetus/baby, family both short and long term
- Costs to the society is huge economically and through loss of productivity
- They can be easily detected and effectively treated
- Prevention and/or early intervention has moderating effect on the consequences
- Parenting is the key moderator and supporting, and improving this should be the aim
- There has been a encouraging policy shift in Australia and stepped care models can provide effective and timely access to care
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Healthy parents, Healthy children

Providing Mental Health Assistance
Towards better Mental Health

Perinatal mental illness affects more than 1 in 7 parents, prevention and early intervention leads to better outcomes for babies and families.

- Resources for a new Parent
- Learn about Post Natal Depression (PND)
- Are you or your partner struggling?
- Get HELP