



NCT practitioners: from strength-to-strength on perinatal mental health

As NCT embarks on perinatal mental health training, we ask practitioners from different specialisms to share their experiences of supporting mums through anxiety and depression, and see how one mum is actively helping others

Antenatal practitioner: anonymous

I remember vividly the first time a pregnant woman on a course asked me if having previously had depression meant that someone would be more likely to get postnatal depression. Looking at her face and body language, I knew why she was asking. Depression is part of my life experience, and that of many people I know. The approach of NCT practitioners is to be aware; be quietly alert; know the limits of our role.

We accept responsibility for raising points about emotional and mental wellbeing, and weaving these throughout our courses. When I have needed support for a woman with puerperal psychosis and her partner, and advice for myself, the NCTP network and many other colleagues have responded within 24 hours. This has happened more than once. Initially the women's partners have been glad to talk to others who have had the same experience. In the longer term, I have maintained email contact.

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Offering to have coffee with someone is, I hope, a powerful message, that illness is simply that – illness. But any support that I have been able to give is nothing compared to that of other parents in antenatal groups. In my experience, people offer the non-intrusive support that we have explored antenatally: deliver cooked meals; mind the baby for a while; offer the level of social contact that is wanted and manageable; love, and refuse to judge. I have found it difficult to write about this. Even anonymised, it seems like sharing too much that is personal to clients. It is at the core of my practice to be aware of mental health and emotional wellbeing. We know that for some clients in the group there is bound to be much more going on than one is typically aware of. If I were the first person a client had approached for help, I would refer them on for other appropriate support – whether from midwife, GP, health visitor, or another person or organisation. I try to be observant, consciously compassionate, and available within appropriate limits.

Breastfeeding counsellor: Sophie Macfadyen

NCT breastfeeding counsellors are trained in person-centred listening and counseling skills, so in many ways we are approaching the mother with an open agenda. Every mother and her situation will be different, and our conversation will follow the route that she wishes to pursue.

Mothers approach us with something that they want help with. Embedded within a breastfeeding issue we may encounter any of an entire spectrum of mental health issues in the early postnatal period, from anxiety and baby blues through all the different types of perinatal mental health issues up to people needing hospitalization and so on. Because we work with women in a therapeutic way we are likely to uncover things that they won't necessarily have shared before. It's far from unusual to hear about something else besides breastfeeding.

Mothers are very likely to talk to us about coping, expectations, issues like sleep and relationships, and their feelings. Rather than asking questions we reflect back what the person is saying, giving them the space in which to explore their issues. We do not have an agenda for that mother, it's her agenda and it's got to explore what she wants to do. We are working to enable mothers (and sometimes fathers and other family members) to find what they want to do in their situation, and find constructive ways to move forwards.

With the NCT breastfeeding line we often listen once to a mother. She may call to discuss a specific problem but we often find that underlying issues are also explored. We have the luxury of being able to devote a lot more time than say a health professional, which allows us to really explore different aspects of what's going on, if she wishes to do so. At the end of the call we may also provide a direct number for contacting us again individually. Women who attend our antenatal breastfeeding sessions will also have our contact numbers. And many breastfeeding counsellors attend local drop-in sessions, where they can see mothers repeatedly over a prolonged period.

Antenatal teachers and postnatal leaders are also likely to pick up on underlying mental health issues, including a heightened anxiety leading up to the birth or during early parenting. When we encounter women with heightened anxiety and isolation we can signpost to local groups and networks, which can be a huge source of help. If a mother seems very worried

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then just by being very open with her we may hear that she is talking to the health visitor about it or receiving some other form of care and statutory support. We can offer additional support alongside this, mainly by listening and signposting. But we sometimes need to be a bit more proactive in signposting the mother to links into the local healthcare systems for better support.

It's also important not to underestimate the volunteer network within NCT. Many of our groups have a person keeping an eye on everyone in the group, introducing them to others and making sure they feel welcome and included. Women say it's an absolute lifesaver. The feedback is that it keeps them going; informal coffee groups are keeping many women sane. I went to a coffee group 26 years ago and the women I met there are still among my closest friends. We kept each other going in the early years and later as our children became teenagers and are now going through university!

We need to stress the importance of networks and informal support as well as more in-depth work. NCT is in a good position to give a lot of support in the low-intervention (milder) end of the mental health spectrum. Everybody has experienced feeling really wobbly and that they can't cope, and they've struggled at some point. I definitely think it's a sliding scale. Everybody is on the same scale and some people are at the extreme end. A lot depends on underlying mental health issues and personal circumstances and levels of support.

We also need to be on the lookout for women who have complex mental health issues so that we can offer support alongside the care that they receive within the NHS.

Anna Hammond: NCT postnatal practitioner

In my role as a postnatal practitioner, I have supported hundreds of women experiencing the normal ups and downs of life with a new baby. Many women experience what Donald Winnicott described as primary maternal pre-occupation which 'in any other circumstances might seem almost an illness, but in the parent of a young baby is just what is required'.¹ This overwhelming responsibility that a new mother may feel, not only focuses her attention on the actual survival of her baby but also his thriving. Although the baby will thrive cognitively, emotionally and physically with 'normal everyday parenting' the new mother may feel pressured to be a 'supermum'. Many women feel vulnerable at this time, which in more primitive times would have been an important survival function. Nowadays this may be experienced as greater than normal anxiety,² which can often be exacerbated by fatigue, pain and hormonal swings.

I use my knowledge of postnatal mental health to support my practice, providing an environment for women to explore self-help strategies. I use an approach that normalises feelings, and accepts rather than shames, which can help women to feel less angry with themselves and more willing to allow themselves to heal emotionally and physically.

Building resilience in new mothers is essential for their mental health. I focus on encouraging women to understand their experiences in a wider context, to maintain perspective and to be positive and hopeful. I focus on exploring strategies for them to build strong loving relationships with their partner

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(if they have one), as well as with their families, friends and communities, recognising how and when to ask for help and acknowledging its value. By using a simple 'What, so what, now what' reflective tool, they can build their emotional intelligence and improve resilience. Where appropriate, NCT postnatal groups provide opportunities to focus on solutions. I provide an environment in which mothers explore how to nurture themselves and be nurtured by others. I discuss the importance of eating well with a balanced nutritious diet, including foods rich in omega 3 fatty acids (such as salmon and mackerel), which may reduce a systemic inflammatory response (thought to be linked to postnatal depression) and improve mental health.³

I discuss the importance of exercise, of spending time in the fresh air, and making use of relaxation techniques and taking opportunities to rest.

Some women disclose mental health difficulties to me in private, some share them with the group and some not at all. But the principles of support that a postnatal leader provides are consistent. Mental illness can manifest as anxiety, depression or obsessive behavior, and the NHS recommends three strands of treatment: self-help strategies, talking therapy and medication. It is important to ensure that women know about locally available options and are signposted to more specialist support when necessary.

References

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2. Cree M. *The compassionate mind approach to postnatal depression*. London: Robinson; 2015.
3. Kendall-Tackett K. A new paradigm for depression in new mothers: the central role of inflammation and how breastfeeding and anti-inflammatory treatments protect maternal mental health. *Int Breastfeed J* 2007;2(6). Available from: Available from: http://www.uppitysciencechick.com/ibj_new_paradigm.pdf Accessed 03/08/16

Getting out and about: new mum Sarah Jones

At the postnatal reunion of my antenatal class, Sophie Jamieson, our antenatal teacher, noticed that I wasn't doing so well. I had a difficult birth and my baby had tongue-tie (which made breastfeeding difficult). I started to bottle feed her, which I felt really ashamed of, and I couldn't leave the home.

Sophie suggested something for me to focus on, which was to set up a Baby Ramblers group. As the organiser, I had to leave the house and reach out to other mums. I advertised it on Facebook as a monthly get-together, and also promote it at our local children's centre. On the first occasion there was torrential rain, but another mum desperately wanted to do it and we ended up going to a pub. She was breastfeeding but had never breastfed in public; she breastfed in the pub and was very proud.

In the initial stages of organizing the walks I saw my health visitor. She knew how I was feeling and referred a few people my way. A few were having similar problems around breastfeeding. It was quite nice to talk to them about how they were feeling.

On the second occasion there were 12 mums and babies. Everyone is keen to do it more frequently, for example, weekly. We find a buggy-friendly route, and often have dogs or toddlers coming along too. I didn't know any of them at first.

Each time we meet I ask someone else to volunteer to organise the next one.

The host makes everybody feel welcome; we begin by standing in a circle and saying our name and our baby's name and age. The good thing about being the host is that if you're having a bad day and don't feel like going out it forces you to, and then you feel better afterwards. I wanted others to have that benefit, and for it to continue when I finish maternity leave. It makes you feel like you're doing something really positive.