



# Parental Mental Health

Version 1

## Parental Mental Health

Whatever route a person has taken to become a parent, the transition to parenthood can take a toll on their mental health and wellbeing. Whilst there is much known about perinatal mental health for birthing mothers, there are common stressors that can affect all who parent; from concerns around social and occupational support, developing their identity and role as a parent and for some families legal, process-bound or societal barriers can add significant stresses.

This guide has been put together to raise awareness of parental mental health issues and signpost guidance and support whether or not you're going to give birth yourself, co-parent your child, raise a child on your own, or are supporting a new parent.

As with all mental health conditions, often the person suffering is the last to recognise this or feel able to seek support. Being aware of potential signs and symptoms in new parents can help the provision of early help, support and treatment, reducing any potential harm for the parent of child.

### **What should I look for in myself or a friend to recognise a mental health issue?**

#### Change in behaviour

- Isolation or withdrawal (lone activities, not leaving the house, not attending groups).
- Bickering with partner and family.
- Short temper, overreactions to things other people see as minor.
- Feeling overwhelmed & unable to cope.
- Self harming – cutting / hitting / picking.
- Neglecting personal hygiene and grooming.
- Eating excessively or not eating enough.
- Obsessive behaviours towards self (excessive hand washing, checking) or to baby (constant checking).

#### Symptoms

- Persistent feelings of sadness and low mood.
- Feeling distant and cut off from friends and loved ones.
- Lack of enjoyment and loss of interest in the wider world.
- Lack of energy and feeling tired all the time.
- Trouble falling asleep at night.
- Feeling like you have not bonded with your baby.
- Problems concentrating and making decisions.
- Frightening thoughts, for example about harming your baby.
- Feeling on edge or anxious.

### Why not try these self tests?

#### Self test 1

1. Have you found yourself overly worrying about your baby being in danger when others don't?
2. Have you found yourself imagining your baby coming to harm?
3. Have you found your concerns over your baby's safety are affecting your daily life?
4. Have you experienced panic attacks?

If you answered **yes** to any of these questions, you may be suffering with anxiety.

#### Self test 2

1. During the past month have you often been bothered by feeling down, depressed or hopeless?
2. During the past month have you been bothered by little interest or pleasure in doing things?

If you answered **yes** to either of these questions, you may be suffering with depression.

Talking your answers through with your Health Visitor or General Practitioner will enable the appropriate advice, support and treatment (where needed) to be given.

These self-tests don't cover everything; also check out the behaviours and symptoms page.

## Birthing Mums' Mental Health

Mental health during and after pregnancy

# 10-20%

**of the population suffer with mental health issues during pregnancy and in the year after birth.**

**Service Personnel share this risk and vulnerability.**

If you have history of any mental health conditions you are at an increased risk of mental health issues during pregnancy and postnatally.

Problems that may occur

- Postnatal and antenatal depression
- Perinatal anxiety
- Perinatal OCD
- PTSD and birth trauma
- Postpartum psychosis

Service Personnel may be subject to extra stressors such as relocation, non-resident partners, returning to work full time, future deployments etc.

There are good and successful treatment options, but up to half of sufferers are unrecognised and so don't receive treatment early enough.

Treatment is confidential.

If symptoms are recognised early you may only need some simple support and be well before you return to work.

## **Mental Health illness that may occur during and after pregnancy**

This is a brief summary of common Perinatal mental health issues. If you have any concerns, all of your health providers are trained and able to provide support. Please contact your MO/GP, or DCMH at any time, your midwife if pregnant (or within the 10 days post-birth) or your health visitor.

### **Baby blues**

- Brief period of low mood, feeling emotional and tearful for 3-10 days post-delivery.

### **Antenatal and postnatal depression**

- Antenatal depression – this can come on during pregnancy. Symptoms may include feeling tearful, guilty, isolated, loss of enjoyment, feeling hopeless.
- Postnatal depression – a much deeper and longer-term depression, usually develops within the first 6 weeks of giving birth and can be gradual or sudden. Symptoms include feeling tearful, guilty, isolated, loss of enjoyment, feeling hopeless.
- Treatments include talking therapies, medication or a combination.

### **Perinatal anxiety**

- It is common to experience depression and anxiety together.
- Symptoms include – a churning feeling in your stomach, feeling lightheaded, faster breathing, feeling that others are looking at you, having a sense of dread, wanting lots of reassurance, worry about things in the future.
- Treatments include talking therapies, medication or a combination.

### **Perinatal OCD**

- It is normal to worry about your child's wellbeing and want to protect your baby. If you start to experience obsessive and compulsive symptoms that impact your daily life and wellbeing you may be experiencing perinatal OCD.
- Obsessive compulsive disorder is a type of anxiety disorder.

Symptoms include:

- Obsessions – unwelcome thoughts, images or worries that repeatedly appear in your mind and can make you feel anxious. Commonly these may relate to harming your child.
- Compulsions – repetitive actions that you do to reduce the distress and anxiety of the obsessions. For example, repeated hand washing or repeating a specific phrase in your head or seeking reassurance from others that you haven't harmed your baby.

Treatment includes talking therapies such as exposure and response prevention which helps you understand where your worries come from. Medication or a combination.

### **PTSD and birth trauma**

This is a type of anxiety that may occur if you experience traumatic events during labour or birth, for example unplanned caesarean section, emergency treatment or a difficult, painful or prolonged delivery.

Symptoms include:

- Reliving: Vivid flashbacks, intrusive thoughts, nightmares, physical sensations.
- Alertness: Panicking when reminded of trauma, extreme alertness, irritable or aggressive behaviours, being jumpy or easily startled.
- Avoiding feelings or memories:
  - Feeling like you have to keep busy.
  - Avoiding situations that remind you of the trauma.
  - Feeling emotional.

Treatments include:

- Trauma focused CBT.
- Eye movement desensitisation reprocessing (EMDR).
- Medication.

### **Postpartum psychosis**

This is a serious but rare mental health problem that occurs after you give birth. It usually starts suddenly within the first few weeks after delivery.

Symptoms include:

- Feeling elated or excited, feeling depressed, rapid mood changes, confused or disorientated.
- Delusions: thoughts of being followed or that you are powerful and able to influence things outside your control, thoughts that you have special insight or divine experiences.
- Hallucinations: experiencing things around you that others don't for example hearing voices, seeing visual hallucinations or unexplained sensations.

Treatments:

- These include medication and/or talking therapies.
- You may need to be admitted to hospital, there are specialist mother and baby units where you can stay together whilst you get treatment.

## Why are service mothers reluctant to seek help?



## How do I seek help?

### Pregnant or in the first year after childbirth

Service Personnel who are pregnant or in the first year after childbirth can self-refer to military mental health services via the Department of Community Mental Health (DCMH) Colchester who will make sure you are seen at your closest DCMH.

- Call them on 01206 787057 and tell them you wish to refer yourself. You will be put through to a nurse who will talk you through the process and arrange an appointment at a suitable location.
- Certain Professions will be requested to contact their Medical Officer in the first instance (e.g. aircrew, ABM, divers, controllers, special forces) this is to ensure appropriate occupational and regulatory oversight is arranged. If worried or concerned you will still be able to speak to someone at DCMH Colchester, they will be able to guide you to the correct person.

Self-referral or referral by your Medical Officer / Civilian Military Practitioner / civilian GP.

- You will be offered an appointment with a specialist mental health nurse who can assess your needs.
- A treatment plan will be agreed with you. This may involve self-help, individual talking therapies, groups or medication.
- If required, you will see a consultant psychiatrist to make sure your care plan is ideal for your individual case.
- Treatment commences. If you registered at an NHS practice for maternity leave - see your NHS GP, particularly if your closest DCMH is too far away.
- Talk to your midwife or health visitor.
- Many areas of the country have self-referral to civilian mental health services, you can usually find these by searching for 'improving access to psychological therapies' for your area.

### New parent

The process of seeking help via Defence mental health services

1. Recognise you have a problem.
2. Book an appointment with your Medical Officer or Civilian Military Practitioner.
3. An assessment of your needs and a management plan will be agreed with you which may include referral to a specialist mental health nurse for further treatment.
4. Self-help, individual talking therapies, groups or medication may all be part of a normal treatment pathway.
5. Support will continue from your medical centre.

**'The care I received no doubt saved my life. I was extremely lucky to have access to military mental health services.'**

Service mother



## New Parents' Mental Health

Feelings of anxiety and depression are common in non-birth parents, but this is often not recognised. The transition to parenthood is challenging for both mothers and fathers. Whilst the focus is often on the mother who has new physical and emotional demands, it is important that all new parents look after themselves too.

*If you are a new parent who feels low or anxious remember this is very common and it will help if you talk to someone.*

Partners can feel anxious or depressed for a variety of reasons but especially if their partner is feeling low or anxious themselves. Poor social or emotional support from friends or family can also lead to poor mental health in new parents.

### Partner FACTS

It is common for partners to experience some anxiety, stress and depression during pregnancy and after the baby is born. Becoming a parent is major transition point in life.

Research has identified that if a Dad is feeling anxious or low during the pregnancy then he is more likely to experience depression after the birth. 16% of men experience anxiety before the baby is born and up to 18% after the birth. Whilst the same studies haven't been undertaken within same-sex parents, the causes are likely to be present in all parents.

Remember: If you are a parent who feels low or anxious remember this is very common and it will help if you talk to someone.

With the right support and resources it is perfectly possible to be a good parent while managing a mental health problem, and to care for and support your children in a positive way.

All parents face challenges, but if you are coping with a mental health problem, you may face additional concerns or difficulties. You may find it hard to seek help because you are worried that people may see you as a less capable parent, and you may put pressure on yourself to cope for longer than you are able. Please remember, there is no such thing as a perfect parent and help and support is available.

### Why all parents matter

Parents who are actively involved in caring for and playing with their babies aren't just helpful – they make a huge difference to their child's growth:

- Higher self-esteem and life satisfaction
- Higher educational achievement
- Better relationships with friends
- Greater capacity for empathy
- More satisfying adult sexual partnerships
- Better career opportunities and higher earnings compared with their parents
- Lower adolescent risk behaviour and criminality

Did you know? Every parent (whatever their sexual identity) becomes biologically ready to become a parent – their hormonal levels and potentially brain function change and they are more able to respond to emotional (crying) and physical (body movements signalling hunger/time for a nappy change) cues. These hormonal changes help them bond with their baby. The more care given and time spent with the baby, the more hormones produced.

Scientific studies have identified hormonal changes in new fathers:

- Vasopressin - higher in fathers of young children (helps response to infant cries to comfort baby)
- Prolactin - (the 'breastfeeding hormone'): highest among experienced fathers and promotes closeness and care (response to babies cues)
- Oxytocin - (the 'love hormone'): higher levels through extended contact with baby, encourages closeness and care (effect of give and take)
- Testosterone - reduces levels of testosterone and the potential for angry responses

The RAF supports paternity and shared parental leave to enable partners to be present and be part of the care and development of the baby.

## Adoptive Parents

The adoption journey can be full of challenges. As an adoptive parent, special guardian or foster to adopt you will play a vital role in supporting the child, especially as the majority of children will need extra help to feel safe and secure. The journey to placement itself can also play a significant toll on your personal mental health and it is recognised that new parents can suffer from post placement depression similar to post-natal depression. Your adoption service, GP or Social Worker can provide mental health support and signpost you to gain access to other services and provide ongoing emotional support

