

Encouraging disclosure of perinatal mental illness and distress

Perinatal anxiety and depression are common, serious and treatable. Yet despite widespread screening, most women who experience these conditions are not identified by their care providers.¹ The barriers to disclosure are complex and varied, but there is much that care providers can do to help.

Incidence and impacts

The perinatal period – conception to 12 months post-birth – is a time of increased risk for mental illness. Perinatal anxiety and depression affects up to one in five women and one in ten men; postnatal psychosis affects up to one in 600 new mothers. Left untreated, perinatal mental illness can affect the whole family, with impacts including attachment trauma, relationship breakdown, suicide, infanticide and partner mental illness.

The role of screening

“I felt scared, lonely and lost. I was also convinced I didn’t have PND. I believed ... there was something wrong with me, and if I could be stronger and ‘fix it’, it would all be ok. I lied on any form from the nurse – ticking all the boxes that masked the truth.”

Of callers to the **PANDA National Perinatal Anxiety & Depression Helpline**, 63 percent had not disclosed to a healthcare provider; 90 percent had not shared their concerns with their obstetrician or midwife. Routine screening is recommended² and now mandatory in pregnancy, but how it is administered is also crucial:

‘As with any screening tool, the EPDS should complement rather than replace clinical judgement ... Women must be comfortable about the process and have a trusting relationship with their healthcare professional ... discussing women’s current life situation is also likely to make screening more acceptable and lead women to offer more honest responses.’³

Barriers to disclosure

A range of barriers prevent expecting and new parents from disclosing their concerns. Many struggle with mental health stigma, feelings of shame, or fear of judgement or child removal.

“My family noticed that things didn’t seem right, and urged me to speak to my Nurse or GP. But I was too afraid that if I told anyone my horrible scary thoughts, they would take my daughter away.”

Others might have limited understanding of mental illness, treatments or the health system. Cultural or family attitudes about mental health and help-seeking are another common barrier.

Many Helpline callers describe an exclusive focus on physical health in maternity care, and inadequate follow up on identified risk factors.

“I ticked “yes” to the questions about previous depression and family history, but it was never mentioned again. Appointments focussed on the baby, physical health and birth. I knew the waiting room was full. I didn’t want to take up any more of the doctor’s or midwives’ time with my worries.”

Tips and language to encourage disclosure

Help patients understand your role

Many patients may be unaware of your role in relation to mental health. Explain your role, enquire regularly about wellbeing, and encourage disclosure by using de-stigmatising language about the prevalence of mental health concerns.

1 Coates, AO, Schaefer CA, Alexander JL 2004; Yelland, J, Brown SJ, 2014; 2 RANZCOG *Mental Health Care in the Perinatal Period* statement, first endorsed 2012, current at July 2018; 3 Milgrom, J, Gemmill, AW 2014.

Here is some suggested language:

“All is well with your baby, how are you?”

“Pregnancy can be an exciting time, but we know it can also be tricky for lots of reasons. How are you going? Anything troubling you?”

“Up to 1 in 5 mums and 1 in 10 dads have anxiety or depression during pregnancy or in early parenthood. It can affect anyone.”

Empower patients with information

PANDA Helpline callers often ask, “Why wasn’t I told about perinatal anxiety and depression?” Accessible information about risk factors, symptoms and treatment options helps patients to make sense of their experiences, know what might lie ahead, seek help, and advocate for themselves or their partner.

The PANDA website is a great source of accessible, interactive information and has an order form for free patient fact sheets and other print resources.

Know the value of a kind, gentle manner

Even patients with moderate to severe symptoms can present a strong “mask of coping” during appointments. Use accessible, non-medical language to let them know it’s OK to not be OK:

“It’s such a big change, becoming a parent. How are things going for you?”

“I see many people who are struggling. It can be hard to talk about, as there’s an expectation that you should feel 100% happy.”

Manage your own responses

Many patients find it difficult to open up, and blame themselves for their feelings. If they detect any judgement in you (and most of us feel it sometimes), they will shut down, and may find it harder to open up to others. Take care not to show shock or judgement, or make assumptions, even if a patient says something you find challenging. Instead, validate their feelings, explore and encourage help-seeking.

Pause and tune in to emotional wellbeing

Patients often focus their concerns on fetal/infant health, care or birth, rather than disclosing mental distress upfront. Before offering advice or solutions, pause and validate their concerns, and explore whether there is an emotional or mental health component to the issue that also needs addressing:

“Sure we can talk about breastfeeding. But I’m wondering – you’ve been working so hard on this, and many women find the process quite difficult emotionally. How is it for you?”

“It can be tough when pregnancy makes you feel so unwell. How are you managing?”

Reassurance alone is unhelpful

“We had tried so hard for this baby, but when I saw those two blue lines, I felt a sense of doom. As the months went by, I felt sure he was going to die. I saw doctor after doctor to get the reassurance I needed. They would pat my hand and sometimes schedule an extra scan to placate me.”

Reassurance is a common response to distress or anxiety. But reassurance alone can feel unintentionally minimising to your patient, giving the message that it’s not OK to voice their concerns. Instead, validate their feelings, and explore to gain more understanding of their experiences, including potential symptoms of mental illness and associated risks.

Watch out for minimisation

Patients will often disclose a concern, then minimise to protect themselves from reality or fearing judgement e.g. “As long as my baby is healthy, I’ll be fine,” or “I’m sure it’s natural to be nervous about the birth”.

It can be tempting to agree with their minimisation and offer reassurance, especially if your patient is struggling with stigma or shame. But bear in mind that colluding only reinforces stigma. Instead, explore their concerns and encourage help-seeking:

“It’s great that your baby is OK, but parents need to be OK too. Can we talk about what’s difficult right now (e.g. sleep deprivation, exhaustion, fear, overwhelm, loneliness, big feelings after birth) and explore some options for support?”

