

SIX APPROACHES

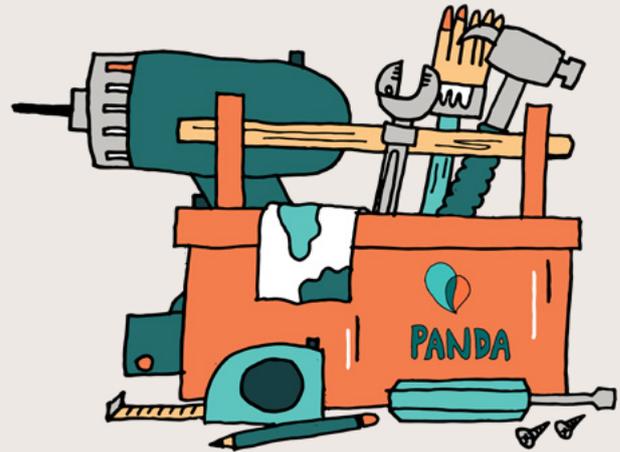
FOR YOUR PRACTICE TOOLBOX



You don't need to be a mental health expert to support a client experiencing mental distress.

With these six approaches and some key knowledge, you can make a life-changing difference.

You can adapt our practice and language tips to suit your own style and practice context, and your clients' needs.



APPROACH 4: EMPOWER

APPROACH 2: VALIDATE

APPROACH 5: EDUCATE

APPROACH 3: EXPLORE

APPROACH 6: DEBRIEF

KEY KNOWLEDGE

Get an introduction to perinatal mental health

For more resources, visit PANDA's website

For further information and skills development, visit the PANDA Learning Hub

To stay updated about developments in research and practice, along with new resources and training, subscribe to PANDA's e-newsletter

APPROACH 1

CONNECT TO BUILD TRUST

These practices help build trust and rapport needed to support disclosure, even in a brief interaction.

Be mindful of potential barriers to trust and disclosure, including mental health literacy, previous negative experiences with healthcare providers, trauma and minority stress – the mental health impact of discrimination.



PRACTICES

- Know the value of a kind, warm manner.
- Hold and express compassion and positive regard for clients.
- Acknowledge the changes that come with new parenthood.
- Let clients know they can be open and honest with you.
- Listen and look for clues that your client is struggling.
- Support and advocate for continuity of care: read notes, ensure handover.

LANGUAGE

- It's pretty relentless, caring for a baby day and night. How are you going with it all?
- Is this period going as you thought it would?
- Becoming a parent (or having a new baby) is such a big change. How that's going for you?
- Your emotional wellbeing is as important as your physical health at this time. How are you feeling in yourself?
- This has been such a big journey for you, especially after losing your previous pregnancy. How is that all feeling?

APPROACH 2

VALIDATE DON'T JUMP TO SOLUTIONS

If someone is brave enough to let you know they're struggling, empathy and non-judgement are critical. Avoid providing solutions or reassurance at this stage.



PRACTICES

- Active listening: nodding, eye contact, open body language.
- Validate distress and disclosures of concern, but avoid reacting too quickly. Pause, give gentle non-verbal feedback and allow some silence.
- Don't jump to solutions. Focus on letting your client know you have heard what they shared, and that further sharing is welcome.
- Reflect back your client's words: 'I can hear ...'
- Avoid reassurance before validating distress and exploring risk. Reassurance alone can shut a conversation down.
- Address mental and physical health. Clients often won't talk upfront about feeling anxious or sad, but instead share worries about birth, their baby's health, or struggles with feeding or settling.
- Pause before giving practical advice. Seek permission to explore first how these concerns are affecting their emotional wellbeing.

LANGUAGE

- It sounds like things are really tough right now.
- I can hear your baby's birth has left you with a lot of big feelings.
- You're dealing with a lot of worry, and it's making it really hard to sleep. That's a hard place to be.
- I'm wondering what it's like for you, to be working so hard at the feeding/settling?
- I can hear you have concerns about your baby's birth/health. Before we talk about that, can we talk about how this worry is affecting you?

APPROACH 3

EXPLORE TO ASSESS RISK

Curiosity helps you explore disclosures, and gather the information you need to assess risk. Set assumptions aside and explore: what does this experience mean, for this client, at this time?

Openly ask about risk and clearly explore next steps. You never need to manage risk alone. PANDA and other specialist services can help.



PRACTICES

- Using 'I' conveys authenticity and connection: I'm worried, I'm wondering, help me understand...
- Ask open-ended questions using clear, non-judgmental language.
- Practice active listening, slow down and allow pauses in the conversation.
- Be curious about your client's journey to parenthood, including challenges like infertility, reproductive loss, relationship difficulties, family violence and trauma.
- When asking about risk, avoid euphemisms and de-stigmatise symptoms like anger, suicidality and drug use.
- Take care not to 'get ahead' of what your client has disclosed.
- Summarise what you are hearing at different points, and ask if you have it right. Return to points if needed to clarify or expand your understanding. Check that it's okay with them to continue the conversation.
- Avoid colluding with client minimization, e.g. 'But I'm fine', or 'I'd never actually do anything'.

LANGUAGE

- I really want to understand. What goes through your mind when your baby is crying and you're struggling to settle her?
- Many people turn to alcohol or drugs to manage major stress. Is that something you're doing?
- I'm wondering what would happen if the baby crying did wake your partner?
- When you say 'it's all too much', are you thinking about suicide?
- What happens when you 'feel so angry you could explode'?
- When you feel so overwhelmed, I'm wondering what thoughts or feelings come up for you?

APPROACH 4

EMPOWER TO SUPPORT

HELP-SEEKING

Mental health screening and supportive conversations are effective if they lead to clients getting the right support.

However, research shows that referrals aren't always successful. Empower and support your clients to access the supports they need.



PRACTICES

- Engage your client in referral options and seek their input and preferences.
- Explore what has been helpful in the past.
- Encourage clients to persist if they can't or don't connect with the service to whom they are referred.
- Use PANDA's [referral options](#) and [self-advocacy guide](#) to support referral and self-advocacy.
- Assess whether your client needs advocacy, handover or other assistance to connect with the right supports.
- Build referral resources, including perinatal specialists and GPs with an interest in mental health.
- Offer culturally safe, accessible and LGBTIQ-friendly referrals: seek secondary consultation if needed.
- Follow up on referrals, offer more support and try different options as needed.

LANGUAGE

- Do you have a sense of what might be most helpful right now?
- It sounds like things have been tough for a while and you want something to change. Would it be helpful to talk about support options?
- Have you had any support for your mental health before? What was that like?
- Do you have a GP you can talk to about your mental health?
- The first step can be seeing your GP for a mental health assessment and support options. How might that feel?

APPROACH 5

EDUCATE TO REDUCE MENTAL HEALTH STIGMA

A 'double dose' of mental health stigma and shame for not enjoying parenthood stops many people from seeking help.

Providing clear mental 'health education' reduces the impact of stigma, supports help-seeking, and increases mental health literacy across our diverse community. PANDA's website contains a wealth of mental health community education resources.



PRACTICES

- Share information about perinatal mental health issues, and effectiveness of early intervention.
- Give written/digital health information (including PANDA's tools and resources) alongside a supportive conversation.
- Speak about the 'unspeakable': make it safer to disclose by appropriately sharing what you know other clients commonly experience.
- Remember that many people mask their distress. Share information about perinatal mental health with every client.
- Perinatal mental distress affects dads and non-birth parents in LGBTIQ parent families: offer information and appropriate support options.

LANGUAGE

- It's so common to experience mental health issues at this time of life. One in five women and one in ten men are affected.
- Experiencing a mental health issue doesn't make you a bad parent. It can happen to anyone. Seeking support is the best thing you can do for your family.
- We see many people who are struggling. It can be hard to talk about, as there's often an expectation you should be 100% happy.
- The stresses of new parenthood can sometimes make people think or act in ways that are distressing for them, like being snappy or lashing out at family. Does any of that connect with what you're feeling?

APPROACH 6

DEBRIEF TO AVOID BURNOUT

As a provider of healthcare to vulnerable families, you are at risk of vicarious trauma, compassion fatigue and burnout. This affects your wellbeing and ability to support clients.

Prevention is ideal. Know your warning signs, make use of available supports and seek more as needed.



COMMON WARNING SIGNS

- Thinking about work after hours.
- Difficulties connecting and listening to clients.
- Difficulty focussing, thinking clearly or being creative. Feeling helpless or unskilled.
- Dreading or avoiding work. Feeling negative, frustrated or emotionally numb about work.
- Uncharacteristic practices in your work.
- Hyper-sensitivity or numbness to trauma-related content: at work or in the media.
- Withdrawing from workmates, family or friends.
- Zoning out, use of alcohol or other drugs.
- Anxiety and/or depression symptoms including: insomnia, panic, muscle tension, fatigue, low motivation, hopelessness, thoughts of suicide.

RESOURCES AND STRATEGIES

- Consider who you talk to about work: not just what happens, but its impact on you.
- Attend regular supervision and debrief after critical incidents, difficult disclosures or interactions with clients, or professional experiences that triggered distress for you.
- Advocate for a supportive workplace culture, including increased supports if needed.
- Work out what self-care means to you, and practice it regularly.
- Find and use resources such as Nurse and Midwife Support, your workplace Employee Assistance Program (EAP), peer support and mentoring, and specialist training.