



LISTENING WHILE REPRESENTING POSTPARTUM SUPPORT INTERNATIONAL IN AUSTRALIA

BY JANE I. HONIKMAN, M.S., FOUNDER PSI

Dear PSI members,

I hope you know of my little book "I'm Listening." Listening is a major part of becoming educated. My first opportunity to listen to experts about emotional reactions to childbearing began at the Marcé Society conference in 1984 held in California. It was my introduction to the topic. To describe myself as naïve and a neophyte at that meeting is an understatement. I had been asked to speak about Postpartum Education for Parents (PEP), as a "System of Action." I blush at the memory of using most of my allotted time to pass out my brochures. I'm sharing this with you as background to my recent experience at the 2008 Conference of the International Marcé Society in September. I was representing you as the founder of Postpartum Support International. I did lots of listening this year just as I did at my first encounter with the experts 28 years ago.

The journey to "down under" is a 14 hour overnight flight from Los Angeles to Sydney. Since I departed from Santa Barbara and my final destination was Melbourne, I measured my travel time by the number of meals missed, hours slept, and movies watched. Fortunately, I adjusted well to this type of "self-harm" and arrived eager for new experiences.



Belinda Horton, CEO of PANDA

I was met by **Belinda Horton**, CEO of Post and Antenatal Depression Association (PANDA) who had invited me to present at a day conference entitled Perinatal Depression: Strengthening Recovery and Building Social Capital. I presented to over 60 professionals and volunteers on *The Role of Social Support in the Prevention, Intervention, and*

Treatment of Perinatal Mood Disorders. It was like preaching to the choir. PANDA was founded in Melbourne in the early 1980s by two women who had suffered from PND; i.e. postnatal depression. Ironically, an Australian psychiatrist from Melbourne heard my presentation at Marcé Society conference in 1984 and shared the self-help model upon his return. In 2007 PANDA published their **Guide to Postnatal Depression Support Groups**. It is evident that they are experts as providers of mutual support self help. They are leaders in our shared vision.

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I was fortunate to be invited by local psychiatrist **Klara Szego** to visit the Mother Baby Unit that she directs outside of Melbourne. It was opened in 1989 and comprises an in-patient, outreach and liaison program to treat women with childbirth related psychiatric or psychological disorders. We arrived in time for a staff meeting where I listened to discussions about their patients' progress. The unit accommodates 6 women and their infants. I was given a tour of the lovely single story facility located in a rural community by the Unit Manager. She gave me a copy of the Journal and Workbook given to each mother and the Staff Norms and Guidelines. This remarkable facility is owned by Werribee Mercy Hospital.

www.mercy.com.au

The following evening I flew with 5 PANDA staff members to Sydney. The venue was a hotel opposite beautiful Manly beach. The International Marcé Society 2008 Conference theme was **Policy, Planning and**



Dr. Klara Szego and staff at the Mother Baby Unit

Effective Delivery of Perinatal Mental Health Care.

Surfers and outdoor enthusiasts enjoyed the perfect spring weather as 230 delegates remained indoors to view 41 Posters and listen to 126 Papers on a wide selection of topics. Obviously I could not possibly attend all the presentations or share all the papers in this summary. What I've written are the 32 I actually heard. When possible I've included contact information so that you can follow-up those that are of particular interest to you.

The President of the Society, **Bryanne Barnett**, welcomed us on Thursday morning. She is a professor at the School of Psychiatry, University of New South Wales where she completed her doctoral thesis on Maternal Anxiety and Attachment. Dr. Barnett articulated that the Society is dedicated to the understanding of mental health and illness in relation to childbearing. Their membership includes many professional disciplines while also encouraging strong consumer involvement. She introduced the mornings' three keynote speakers.
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Gordon Parker, from the School of Psychiatry, University of New South Wales, spoke on ***Gender Differences in Depression and Anxiety: Is Anatomy Destiny?*** It has been long recognized that rates of depression in the general community are higher in females from early adolescence onwards. It is less well recognized that rates of anxiety show a similar pattern. His presentation considered the nature of that higher order mechanism ('limbic cortex hyperactivity') and its evolutionary importance. He argued that it is best viewed as a diathesis factor, therefore, predisposing but not necessarily dictating to high rates of anxiety and depression in women.
www.blackdoginstitute.org.au

Julia Seng, from the Institute for Research on Women and Gender, University of Michigan, presented on ***Pre-existing PTSD and the Childbearing Outcomes of "Survivor Moms": Confirming the Need for Integrated Maternity Care Services.*** She is a certified nurse-midwife and research associate professor whose current work includes psychoeducation intervention for pregnant survivors of childhood maltreatment or sexual trauma. (Stress Trauma Anxiety in Childbearing Years Project). Her presentation included data that indicate that affected women welcome trauma-informed and PTSD-specific interventions that are delivered in maternity care settings.
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Jeff Craig, from the Murdoch Children's Research Institute Developmental Epigenetics Group, Royal Children's Hospital of Melbourne, delivered a paper on ***Maternal Diet, Lifestyle and Stress and the Contributions to Epigenetic Disruption in the Newborn: A Prospective Perinatal Twin Cohort Study.*** He explained that his field studies the missing link between the environment and disease. It is true that "you are what your mother and your grandmother ate." Evidence is mounting that predisposition to complex disease originates before birth and that environment can influence the course of fetal development via epigenetics. Twins have proved invaluable for studies of nature via nurture. They hypothesize that changes in newborns begin to emerge from conception and accumulate throughout life. They are recruiting 250 mothers pregnant with twins for their ongoing research.
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The first Symposium that I attended was on ***Recent Developments in Perinatal Mental Health Policy and Practice in the Western World.*** We heard from four leaders representing the United Kingdom, France, the United States, and Australia.

Roch Cantwell, the lead clinician for the Glasgow Perinatal Mental Health Service in Scotland, addressed the fact that as the nations of the United Kingdom go their separate ways in terms of health policy, their responses to the needs of women with perinatal mental health problems are also diverging. There have been changes over the past 10 years throughout the UK that has led to more mother-baby units, lower suicide rates and more professional training. There are now two national efforts: Scottish Intercollegiate Guidelines Network (SIGN); and for England and Wales, the National Institute for Health and Clinical Excellence (NICE).
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Catherine Isserlis, who started the first mother and baby unit in France in 1978, is head of the Infant and Adolescent Department of Psychiatry at Versailles University Hospital. She explained that in France health policy for the perinatal period recommends a systematic assessment of all pregnant women by an interview (for about 45 minutes) with a midwife or a GP, at the end of the first trimester of pregnancy. The High State Health Authority (HAS) is in charge of the validation of guidelines and procedures that have been submitted by scientific associations.
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Jane with Drs. Barbara Perry and Katherine Wisner

Katherine Wisner, professor at Women's Behavioral HealthCARE, at the University of Pittsburgh (and the new president of the Marcé Society) summarized the progress in the United States. She highlighted the Listening to Mothers Report, the

Agency for Health Care Research and Quality Report, APA and ACOG guidelines, new text books, FDA labeling changes, federal state grants, the Mother's Act and NIMH policy.
WisnerKL@upmc.edu

Carol Bennett, senior program manager at beyondblue is responsible for the National Perinatal Mental Health Program for Australia. This effort was developed after a four year program of research on a rationale for the implementation of routine, universal perinatal psychosocial assessment, workforce training and pathways to care in the primary health care sector. The Australian government has committed \$85 million to support the implementation of the plan which was released in April 2008.
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For the final session of the day I listened to three presentations on the Edinburgh Postnatal Depression Scale (EPDS). I had attended the initial meeting on the EPDS in 1996 held in England so I find it fascinating to see how it continues to be used around the world.

Beatrice Lai, is a postdoctoral fellow in the Department of OB/GYN at the Chinese University of Hong Kong. She reported on the *Validation of the EPDS among Chinese Men in Hong Kong* whose wives had been hospitalized. A prospective cohort of 235 men completed the EPDS, BDI and PHQ-9 at 8 weeks postpartum. They used a cut-off of 10/11. She pointed out that in the research on fathers in Portugal cut-offs of 8/9 and in Australia 11/12 were used. Their results show that the Chinese EPDS is a reliable and valid instrument for screening men.
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Cynthia Logsdon is a former PSI Board member and professor of nursing, obstetrics, gynecology and women's health at the University of Louisville in Kentucky. Her paper provided preliminary psychometric data on the

Validation of the EPDS for Adolescent Mothers. A sample of 149 adolescent mothers, average age 16, mostly low income, were recruited from two community hospitals and a public school teenage parent program. They were ethnically diverse and all 4 to 6 weeks postpartum. Their analysis suggests that the EPDS can be used with confidence to screen this population.
Mclogs01@gwise.louisville.edu

Jane Phillips works as a Research Officer at Karitane, an organization in New South Wales that provides parenting services for families with children aged 1 – 5 years. The results of her study *Confirmation of Subscales within the EPDS* of 310 postnatal women support the view that the EPDS is comprised of distinct anxiety and depressive subscales even though it was originally described as a uni-dimensional measure of depression. This raises a number of issues relating to interpretation and the best use of the EPDS in clinical practice.
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The conference dinner was held at the Sydney Zoological Gardens with a spectacular view of the city lights. The celebrity speaker was a well known television news woman **Jessica Rowe**. She had written a book



Jane with Jessica Rowe

about her own mother's mental illness. Jessica decided to reveal her own bout with postnatal depression this past year. It was very emotional for her and the audience as she shared how the illness had impacted her life.
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The following morning we were breakfast guests of the Australian Gidget Foundation established after the postnatal death of a mother by that name. Their slogan is "Start Talking." To honor that spirit **Deborah Thomas**, Chief Editor of the country's Women's Weekly magazine spoke about her own pregnancy loss. She stressed the need to be comfortable with the topic and speak out.
www.gidgetfoundation.com.au

Atif Rahman was the first keynote speaker for the Friday Plenary Session. He is professor of child psychiatry at the University of Liverpool and originally from Pakistan. He

spoke on ***Up-scaling a Perinatal Mental Health Intervention in a Low-income Country: Challenges and Opportunities***. Professor Rahman and colleagues have established that the rate of perinatal depression in Pakistani women is between 23 to 28%. They have also shown that it is associated with under-nutrition, increased rates of diarrhea and low rates of immunization in their infants. He described an intervention called “Thinking Healthy Program” that used CBT techniques to gently probe for family’s health beliefs. They use local village women to become health workers through a 2-day training workshop with follow-up supervision. Dr. Rahman emphasized that the key is mother-infant intervention through routine maternal and child health education that has been integrated into an existing health system in rural areas. Atif.rahman@liverpool.ac.uk

Jane Ussher is professor and chair of Women’s Health Psychology and Director of the Gender Culture and Health Research Unit at the University of Western Sydney. The title of her presentation was ***Rejecting Raging Hormones: The Socio-Cultural Construction and Experience of Reproductive Distress***. She presented a historical and contemporary overview of the limitations of the bio-medical approach which has resulted in a neglect of socio-cultural factors associated with the construction and experience of women’s distress.

Perinatal Mental Health in Resource-constrained Settings: Evidence, Public Policy and Service Development was the title for the morning’s Symposium. The World Health Organization’s Millennium Development Goals were the basis of the presentations. Unfortunately, mental health concerns for mothers are not included. The following papers reveal that for many mothers culturally-prescribed postpartum care is a myth. The reality is that poverty and chronic social adversity compromise maternal caretaking.

Jane Fisher who is with the Key Center for Women’s Health in Society, Melbourne School of Population Health at the University of Melbourne spoke on ***Common Perinatal Mental Health Problems in Parents in the North of Viet Nam***. Previous studies had focused only on women. This research project assessed 235 husbands of pregnant and mothers of newborns. More than a third of households had at least one parent and in 8% both parents with a mood disorder. Only one person had ever received psychiatric treatment. The correlates were poverty, unwelcome pregnancy and exposure to violence which suggest that the integration of mental health care into maternity health services must be accompanied by poverty reduction and violence prevention strategies. jrwf@unimelb.edu.au

Ismet Kirpinar is on the medical faculty, Department of Psychiatry at Ataturk in Turkey. The title of her talk was ***What is the Real Prevalence of Postpartum Depression?*** She presented the results of a 2001 study of 571 third trimester pregnant women. The result of prevalence of PND was 13% at 6 weeks postpartum using an EPDS criterion score of > 13. Further evaluation showed a 10% onset before pregnancy and 12% during pregnancy. ikirpinar@yahoo.com

Atif Rahman from Royal Liverpool Children’s Hospital, UK described a study titled ***Young, Single and Not Depressed: Prevalence of Depressive Disorder among Young Women in Rural Pakistan***. While the prevalence of depression is very high (>45%) among adult women, including during and after childbirth this research revealed that it is not common in young women. The cluster of life events when women leave their family home to marry and have children appears to be toxic. This is particularly true when her father is uneducated, her mother is depressed, there is physical abuse, poverty and family conflict. Atif.rahman@liverpool.ac.uk

Tran Tuan is with the Research and Training Center for Community Development in Hanoi, Vietnam. His presentation asked ***What is Needed in Order to Scale-up Maternal Mental Health Care Services in Vietnam?*** Common mental disorders are prevalent, in particular among mothers and children. In 1999 Viet Nam launched a national community based mental health care program which is now established in about 4000 communes (40%) to supplement the psychiatric hospital system. While there is high political will for community-based mental health care there is no model for maternal mental health problems. The positives are that public awareness is rising, Buddhism is in favor, and yoga is coming back.

Service Provision was the afternoon session I attended and where I delivered my paper. The session started with a presentation by a member of the beyondblue National Depression Initiative. www.beyondblue.org

Janette Brooks is completing her PhD at Edith Cowan University. Her study quantitatively measured the mental health of women with assisted reproductive technology (ART). ***Meeting the Perinatal Mental Health Care Needs of Women Who Have Conceived Twins or Singletons with ART*** studied a sample of 53 women pregnant with twins and 53 with singletons. The technology has outpaced efforts to investigate the mental health consequences for this at-risk population. There is substantial evidence that maternal anxiety or stress during pregnancy is associated with premature delivery, lower

birth weight adjusted for gestational age, and adverse cognitive and behavioral consequences for the offspring. Preliminary results were presented and requires further investigation.

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Belinda Horton has been the CEO of PANDA since 2004 and was my host in Melbourne. Her talk was *The Outcomes of PANDA's Integrated Peer to Peer and Professional Perinatal Depression Helpline*. They provide 1500 referrals in one year using a holistic approach that is "wisdom based." Evaluations reveal that 75% of the callers benefited by talking with a qualified staff and trained volunteers who have personally experienced and recovered from perinatal mood disorders. Their mission is to be a gateway to services, establish pathways to care with follow-up with appropriate intervention outcomes for their callers and become informed consumers. The evaluation also included the impact of volunteering at PANDA on career goals and personal fulfillment.

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Stephen Matthey is a Senior Clinical Psychologist and Research Director in the Sydney South West Area Health Service. *The Overpathologising of Motherhood* paper challenged the assumption that the rates of pnd in English-speaking women accurately reflect valid diagnosis and the need for professional help to improve their condition. He highlighted 1) the need for valid diagnostic criteria, 2) erroneous understanding that all high scorers on self-report measures would meet criteria for a mood disorder, 3) the difference between enduring and transient distress (and how researchers and clinicians often fail to differentiate between these two), 4) use of incorrect self-report cut-off scores and the impact this has on reported rates of high scorers, and 5) whether all women identified as having a mood disorder need professional care.

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Jane Honikman, founder of PSI, presented *Developing a Sustainable Perinatal Social Support Network*. I described the role of social support, reviewed the history and research of social support, and highlighted the Guidebook PSI developed.

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Catherine Knox volunteers with the Gidget Foundation and is married to an OB/GYN **Vijay Roach** who is the Chairman of the Foundation. *Postnatal Depression – The Social Construct Viewed Through the Lived Experience* was her personal story that for 10 years no one knew that

she had been hospitalized after their second child. Looking "from the inside out" she included how motherhood is portrayed in our society and the current western sentimental view of motherhood.

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Karen Myors is a Midwife and Child & Family Health Nurse whose paper *The Complexities of Delivering Family Care Center Services* described an organization called Karitane. Using the "safe start" model, Karitane has been in Australia since 1923 providing a wide range of services to support families with young children. While the focus has been on the health issues of children from birth to 5 years of age, there is evidence that suggests these families face complex issues such as isolation, anxiety and depression. These impact on the parenting relationship that the Child and Family Health Nurses need to address in their work at Karitane.

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Rebecca Reay presented on *Two Year Outcomes for Mothers Detected as "Probably Depression" by an Early Detection Program*. The Australian National beyondblue Postnatal Depression Program was implemented in the Australian Capital Territory (ACT) to assist health professionals in the early detection and referral for treatment of mothers affected by perinatal depression. In 2004, 984 women from the ACT participated in this program. At 2 years postpartum all who were screened as probably depressed and also those "not depressed" were invited to participate in this study. The most notable finding was a more than three fold increase in the rates of depression at 2 years for mothers detected as "probably depressed" compared to the latter cohort. 41% did not access treatment. Results indicated that 43% "sorted it out by themselves" and 25% felt the stigma kept them from getting help.

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Friday evening began with a reception amidst 41 Posters covering a diverse range of topics. There are far too many to summarize in this report; however, I want to share several that deal specifically with social support.

Does Social Support Reduce the Likelihood of Postnatal Depression in Australian Mothers? This study examined longitudinal data from 1996 to 2006 on Women's Health. Almost 6800 younger women have completed the 2000, 2003 and 2006 follow-up surveys. Based on the medical outcomes study, social support index they found the strongest association with affectionate support and positive social interaction. Their results indicate that having

positive social supports proper to and around the time of the birth of a child has a significant impact on the mental health of mothers.

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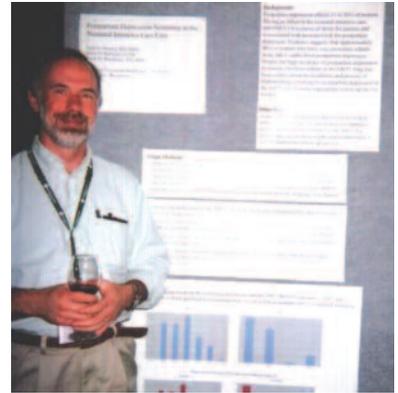
The Perceived Value of Mutual Support of Sufferers and Survivors to Recovery from Post Natal Illness came from the members of the internet based charity in the United Kingdom; www.pni.org.uk. As part of their work there is a Self and Mutual Help & Support Forum at <http://veritee.proboards7.com>

The data reported on their poster came from 1) members from 1998-2008, and 2) current members through surveying techniques. It presents a composite view of past and current members' perceptions.
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Perinatal Practical Support Service: Trialing in-Home Support for Western Australian Families described preliminary data from one of the few studies to investigate this dimension of social support. The State Perinatal Reference Group in conjunction with the Red Cross Society of Western Australia has developed a framework for delivery of assistance with domestic duties, basic childcare and the development of practical skills at two sites, one rural and one metropolitan. The service is being trialed over a two year period with the aim of demonstrating a reduction in depressive symptomatology, an increase in perceived social support, and development of time management and accessing community supports.
Rena.Kinsman@health.wa.gov.au

Midwives' Knowledge of Antenatal and Postnatal Depression: A National Survey was funded by a Griffith University New Researcher grant. A postal questionnaire survey was sent to all members of the Australia College of Midwives (n=4000). On average midwives (n=813) correctly answered 13 out of 20 questions; however, few (28.6%) knew about the adverse impact of antenatal depression on the physical health of mothers. 98% underestimated the percentage of antenatally depressed women that subsequently attempt suicide in the postpartum period. In relation to postpartum depression, 44.4% were unaware of the incidence rate, 71% did not know the onset period and 32% were unsure about treatment options. Furthermore, midwives have a flawed perception in the use of antidepressant medications and incorrectly believed that the EPDS could be used to assess psychotic depression symptoms.
C.Jones@griffith.edu.au

Kyle O. Mounts, PSI member, displayed his poster ***Postpartum Depression Screening in the Neonatal Intensive Care Unit***. The results of his research at Wheaton Franciscan Healthcare St. Joseph Hospital in Milwaukee, Wisconsin indicate that women with infants admitted to the NICU are at high risk for developing postpartum depression. He has successfully implemented a program for screening and appropriate follow-up for women with positive screens.
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Dr. Kyle Mounts

No Marcé Society conference would be complete without a dinner out on the town with like-minded colleagues. This time was no exception as a dozen international perinatal experts walked along the beach to a selected local restaurant. It was both stimulating and delicious as we savored organic seafood and vegetables and shared opinions about our work. It was an all female evening because our male companions decided to attend an Australia rugby match. In our group were **PSI Coordinator Nine Glangeaud-Freudenthal** from France, her countrywoman **Catherine Isserlis**, PSI members from the USA **Cynthia Logsdon**, **Barbara Parry**, **Jane Engeldinger**, **Lisa Segre** and **Mijke P. van den Berg** from **The Netherlands**.

Each year the Society honors one of its own with the Marcé Medal. **Philip Boyce** was this year's recipient and he opened the Saturday morning Plenary Session with a paper on ***Clinical Issues in the Management of Mothers with Schizophrenia***. Dr. Boyce is Professor of Psychiatry at the University of Sydney and past President of the Marcé Society. His recent research and clinical work has been with new mothers with schizophrenia and the challenges of managing women with bipolar disorder during the perinatal period. Schizophrenia presents with a mix of positive and negative symptoms and neurocognitive deficit that can have an impact on how



Dr. Philip Boyce receiving the Marcé Medal from Dr. Bryanne Barnett

these mothers are able to care for their infants. He reminded us that Marcé's original work was with this group of mothers. It was this first focus on puerperal psychosis that led to Mother and Baby Units based care. While the Marcé Society has moved on to "lesser" syndromes (non-psychotic) and awareness has increased for these, this severe population of mothers has been "left behind." A review of research since the 1970's reflects this fact. While women with schizophrenia are a small part of the population, some of them will become mothers. Unfortunately, many will have their children removed or placed under special care orders. In many cases this is because of lack of understanding and a sense of therapeutic nihilism about schizophrenia. Dr. Boyce presented a broad approach to providing appropriate clinical care that takes into account their lifestyle, their social relationships as well as the core aspects of the illness of schizophrenia.
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Nine Glangeaud-Freudenthal was honored with presenting this conference's **Channi Kumar Lecture**. She is a researcher with a PhD in biochemistry at the French National Research Center. Since 1999 Nine has been leading research on Mother-Baby psychiatric joint admissions. In addition to being a founding member and current President of the Société Marcé Francophone, and the PSI Coordinator for France, she is now President-elect of the Marcé Society. Her paper was *Channi Kumar's Legacy for Perinatal Psychiatry and Mother-Baby Joint Care*. The history of the Marcé Society is closely linked to Dr. Kumar's dedication and determination. He suggested that the founders name the organization after the French

clinician who was one of the first to describe and study puerperal psychosis (1828-1864). Kumar participated in the creation in 1981 of the mother-child unit at Maudsley Hospital in London. Prior to his tragic early death

from cancer, Kumar led a cross-cultural study of postnatal depression in which 15 countries participated. His influence on the professional and personal lives of hundreds of students and researchers was profound. Nine elaborated on the 13 mother-baby units in France, 4 in Belgium and 1 in Luxembourg in her paper *Independent Factors Related to Recovery in Maternal Postpartum Psychiatric Disorders*. A multi-factorial analysis on more than 800 inpatient joint admissions



Session on Team Process

focused on 1) past mental health history of both infant's parents, 2) history of traumatic events during the mother's own infancy, 3) socio-professional characteristics of both infant's parents, 4) treatments during pregnancy, and 5) referral characteristics.
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Following that morning plenary I had the honor of chairing a Session on Team Process. While I have watched others fulfill this responsibility over the many years I've attended conferences, this was my first time to do so. It requires a special type of "respective listening."

Oguz Omay originally trained as a child psychiatrist but is now working with adults in the south of France at a Mood Disorder Clinic, with the aim of preventing major mood disorders in the perinatal period. His paper was *Prevention of Major Mood Disorders through Perinatal Networking* and it highlighted the past ten years during which he has been developing a collaborative network with community midwives. These multidisciplinary professionals meet at the "nano-link" level to question each other and discuss cases. This network has given access to psychiatric evaluation and ambulatory care to women who had never met a psychiatrist before. These consultations were made possible through the decisive orientation proposed by the midwife who was closely involved in the obstetrical follow-up.

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Ben Samuel and Michele Dykman are consultants for the Postnatal Depression Initiative (PNDI). He is a child psychiatrist and she is a registered midwife, and psychiatric nurse. Their paper described *The First Six Months of the PNDI* that is taking place in 3 regions of Melbourne, Victoria. Its purpose is to increase the ability of Maternal Child Health Centers to assist clients they have with mental health problems. They "shadowed" the Maternal and Child Health teams and their evaluation of the initiative to date concludes that there is progress but not as hoped. They discovered a "culture of avoidance" that appears to be linked to staff anxiety about increasing their workload, being "scrutinized" and criticized. Their future challenges include translating their knowledge about mental health to staff without such background and to overcome their anxieties.

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Virginia Schmied is Associate Professor of Maternal and Family Health in the School of Nursing at the University of Western Sydney. Her paper *Understanding Professional Collaboration: A Key to Successful Integrated Perinatal Care (IPC)* described a service

started in 2000 in New South Wales that is now called Safe Start. She spoke about “weaving the net” of the shared vision among midwives, general physicians, child and family health providers to support women and families. Their evaluation used focus groups, observations of IPC meetings, and interviews with the stakeholders to dispel “gossip.” She described how their strategies studied how complex and challenging it is at the delivery service level.
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Cindy Smith is a psychotherapist with 20 years of experience from Wellington, New Zealand. *Utilizing the Team Process to Enhance Clinical Work* described her own experience in the exploration of how teams work. Her paper included the capacity for reflective function, sense-making, resilience, and emotional self-regulation of the individual clinicians within teams. These influence the corresponding capacity of parents to hold, contain, and regulate both themselves and an infant in their care.
Cindy.smith@ccdhb.org.nz



Panel on the Hypothetical

I must confess at this point that I played hooky and went shopping during the last session of the afternoon. My brain was on overload at this point and I still had one more responsibility before

the conference was adjourned. I had been invited to participate on the closing panel called the Hypothetical. Six of us were given the following question prior to accepting this invitation; *“Well, how depressed do I have to be to be given medication?”* There was no preparation for this, we were merely going to be giving our professional opinions, or so we thought! Three psychiatrists, one ob/gyn, a midwife and I were introduced to the audience. I was clearly there to represent the consumer’s point of view. **Dr. Gary Galambos** was our moderator and he explained that we were to listen carefully to the background of a particular “case.” The scenario was of a 19-year-old Aboriginal woman with cerebral palsy who had just become pregnant by a domineering boyfriend. The woman’s mother had raised her alone but they were now estranged. The first person to be invited to speak was the ob/gyn who was told that this couple had just walked into his office. He was asked to describe how he would proceed. I was the next one to be asked to offer comment by the moderator since the ob/gyn had

apparently referred the couple to “Postpartum Support Galactic!” At this point the audience was being very entertained as the panelists were clearly on HOT seats trying to think clearly and quickly. I role played that I was on the phone with the couple. Fortunately, my real time experience of taking calls for PSI for so many years paid off as I provided empathy and support using my active listening skills. The moderator then passed the scenario on to one of the psychiatrists for further comment, however, the midwife interrupted. Eventually each panelist had his or her input to the delight of those who had actually stayed to listen. Whew, what an uplifting end to a stimulating week.

My bags were packed as we had farewell drinks and said our final goodbyes. I had one more day to relax in Sydney with friends before flying home. On the flight to Los Angeles I met a long time friend and PSI supporter **Barbara Parry**, Professor of Psychiatry at UC San Diego. (bparry@ucsd.edu) I had to confess to her that I had not attended her presentation on *Plasma Melatonin Circadian Rhythms in Pregnancy and Postpartum Depression*, but had instead bought a lovely pair of red shoes. We laughed and she assured me that I had made a good decision. My hope is that she’ll be presenting at the next PSI conference in Los Angeles in 2009. She will most definitely be in Pittsburgh for the next Marcé Society conference in 2010. I hope that those of you who have managed to read through my long summary will also attend. You will listen to the world’s most accomplished researchers and advocates for improving the mental wellbeing our mothers, fathers and their children.
 See you there!



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