

A close-up photograph of a woman with her eyes closed, gently holding a sleeping baby. The woman is looking down at the baby with a soft expression. The baby is wrapped in a light-colored cloth and is also sleeping peacefully. The background is softly blurred, suggesting an indoor setting with natural light.

Building Community Capacity to Support Perinatal Mental Health



August 16, 2023

Poll Questions

What is your exposure to perinatal mental health issues?

Response Options:

- This is something I've already learned a lot about*
- I've heard the term but haven't dug deep*
- This is new for me*

What area most closely represents the work you do with families in the Perinatal Period?

Response Options:

- Government*
- Health Care*
- Mental Health Care*
- Community-Based Organization*
- Child Development Support Provider*
- Education*
- Perinatal Support Services*
- Parent or Community Volunteer*
- Other*

What we'll be talking about

1 Prevalence and impact of perinatal mental health issues

2 Washington State's effort to support Perinatal Mental Health

3 What you can do

Guidelines for Digital Dialogue

Please Participate

- Phone lines are muted but Q & A and chat boxes are active throughout
- Please participate in audience polls as they come up

Materials Will Be Available

Within a week of the Digital Dialogue, the CBLCC website will have posted:

- A recording of the session
- The slide deck



**Sara
Winkleman
MA**

Prevention Services Program
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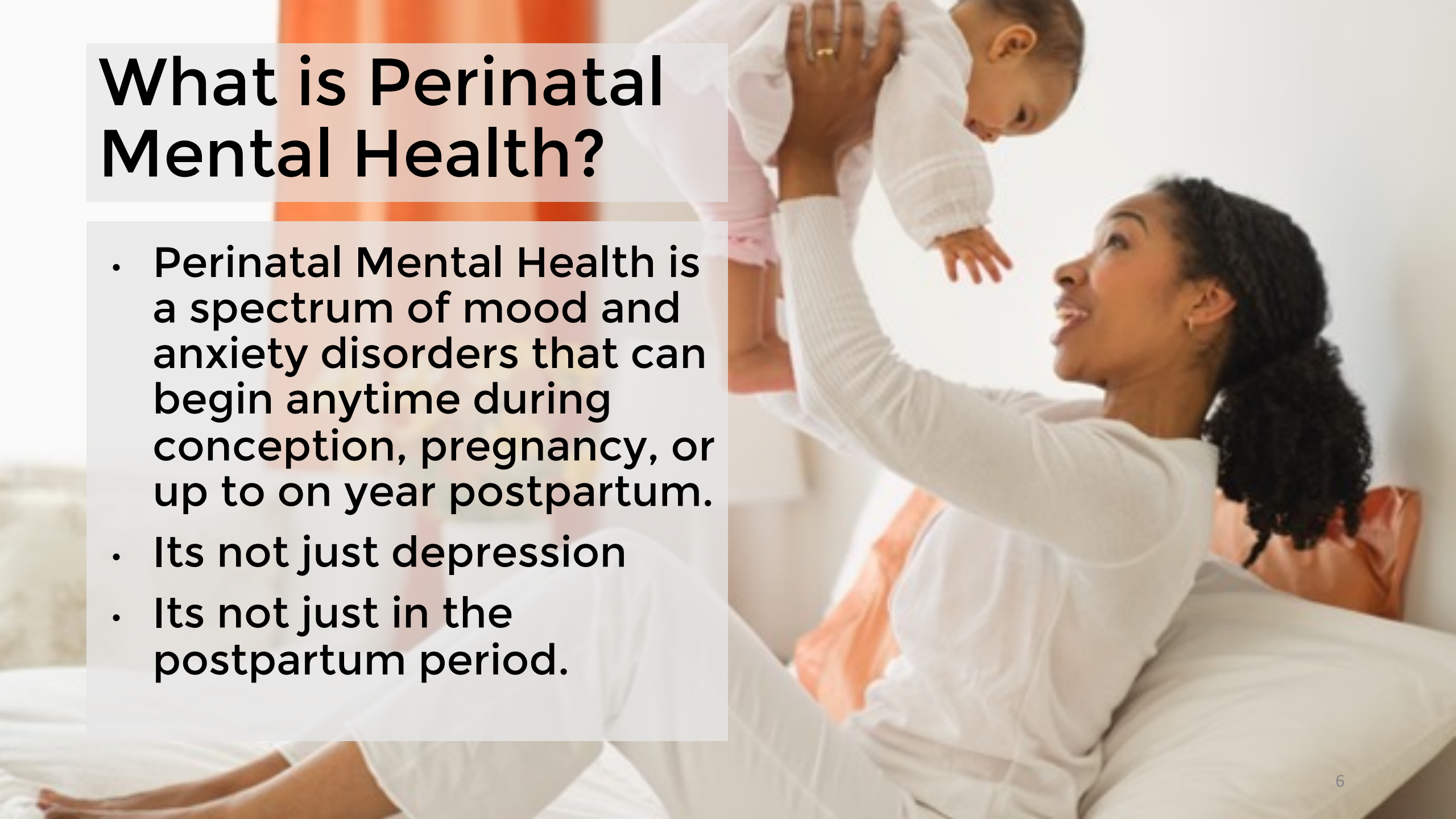


**Mia Edidin
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Clinical Director at
Perinatal Support
Washington

What is Perinatal Mental Health?

- Perinatal Mental Health is a spectrum of mood and anxiety disorders that can begin anytime during conception, pregnancy, or up to one year postpartum.
- It's not just depression
- It's not just in the postpartum period.



Frequency

- Approximately 15 - 21% of all pregnant and postpartum birthing parents experience depression
- Anxiety is just as prevalent as depression, if not more common
- Comorbidity of anxiety and post-partum depression was 75%
- 10-14% of Fathers in US experience post-partum depression
- BIPOC perinatal individuals experience higher rates of perinatal mood and anxiety disorders—approximately 30%
- People living in poverty experience rates of perinatal mood and anxiety disorders as high 45%

“

(Birthing People) don't become parents in a vacuum. They live in families, extended families, cultures, and societies. At each of these levels of social connection, parents can be protected from or made more vulnerable to depression. The social factors related to depression include the amount of help they had with their baby and other children; the amount of emotional support they receive from their partner and others around them; their socioeconomic status; and their exposure to stressful life events.

”

Kathleen Kendall Tackett



UNDERSTANDING INDICATORS/RISK FACTORS

Personal Indicators

Experiences that a person has uniquely experienced:

- personal mental health history,
- family mental health history,
- infertility,
- trauma, etc.

Societal Indicators

Experiences that put people at risk due systemic inequalities:

- racism,
- xenophobia,
- homophobia,
- poverty,
- community violence,
- access to care, etc

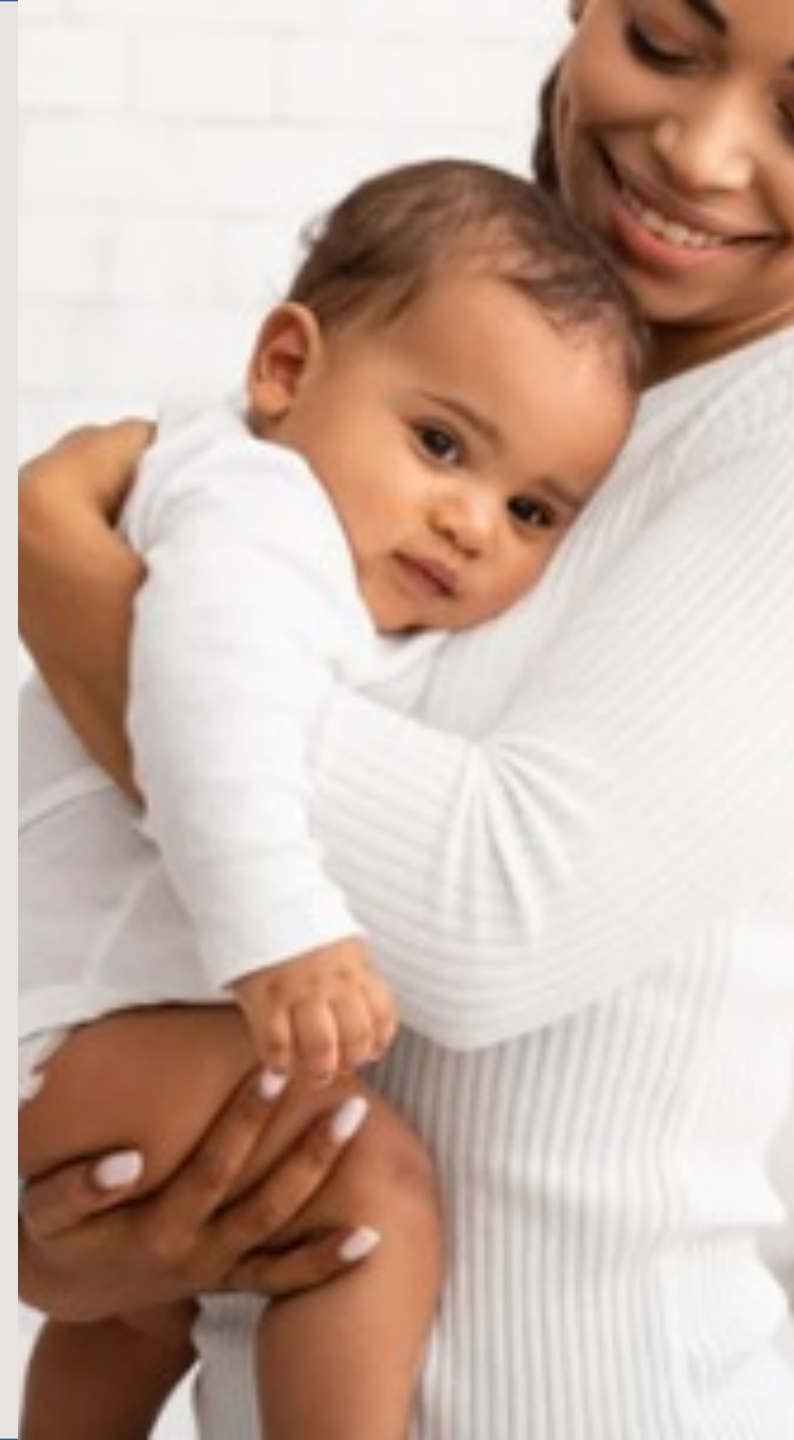
So.. while the system creates vulnerability it also discourages parents from talking about their experiences by transferring the responsibility and blame to individual instead of talking about them as systemic harms.

So!! How we show up and support a parent is critical to facilitate their sense of safety to overcome their trepidation to disclose their negative feelings and thoughts.

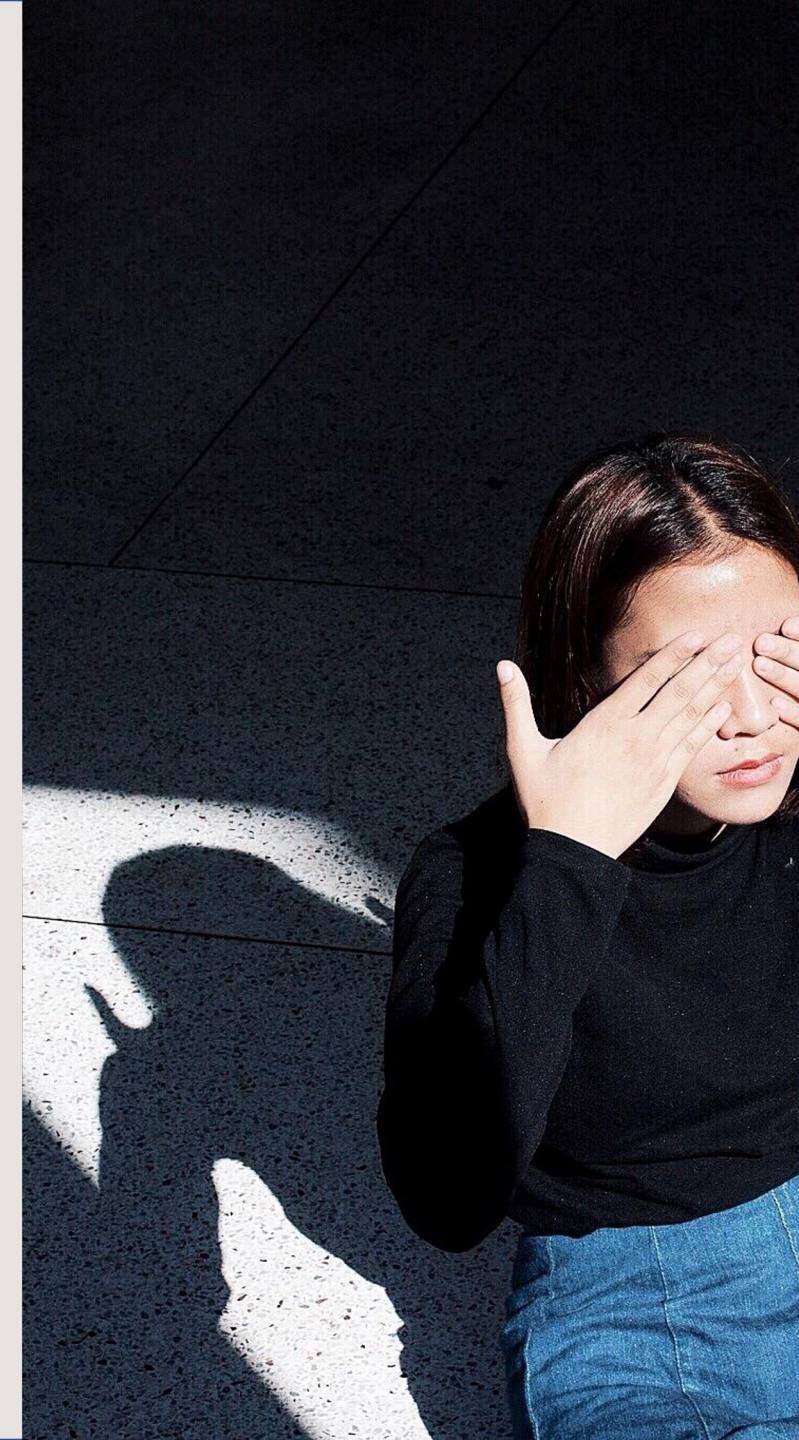
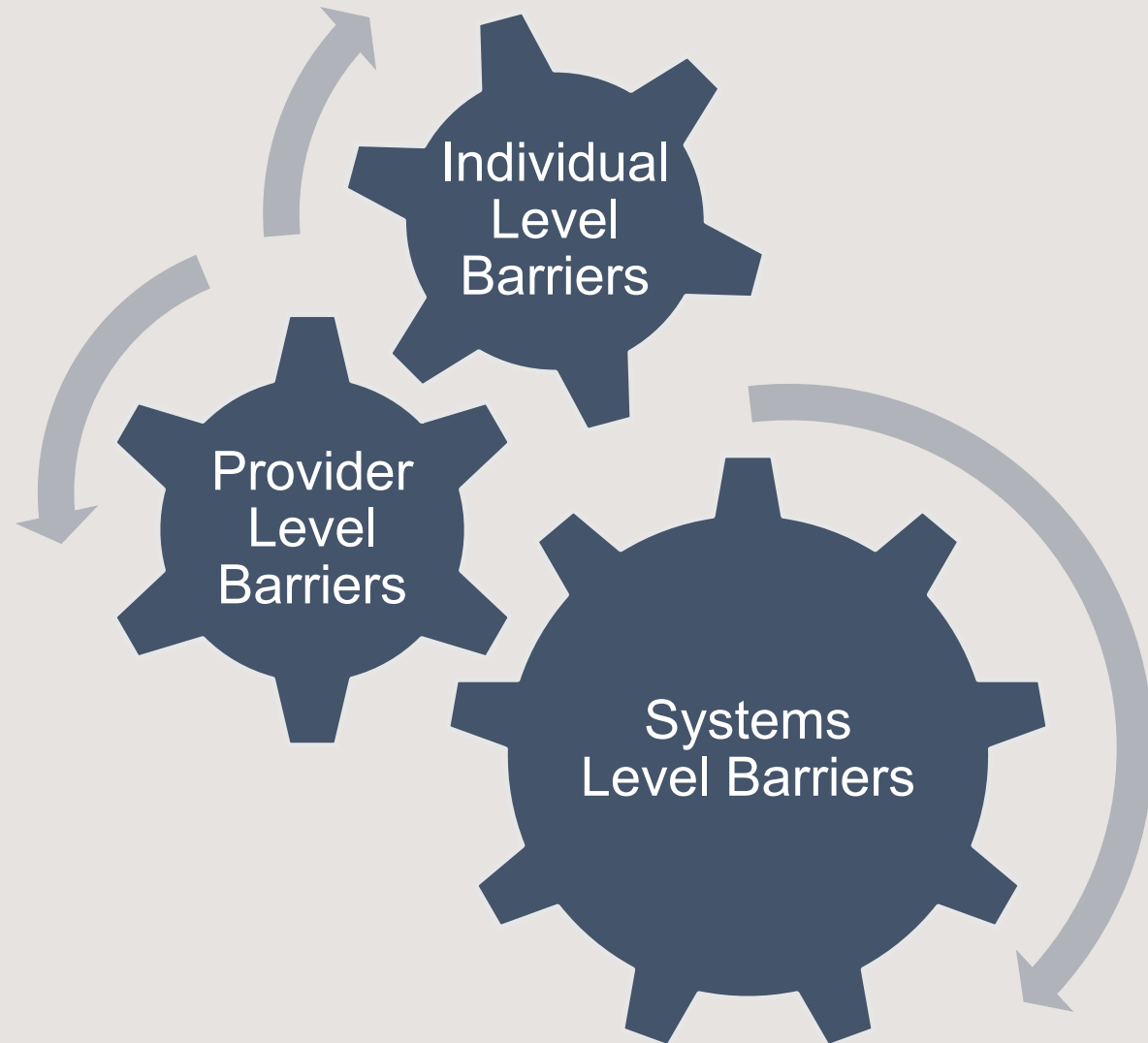
Perinatal Mental Health Has Big Impacts

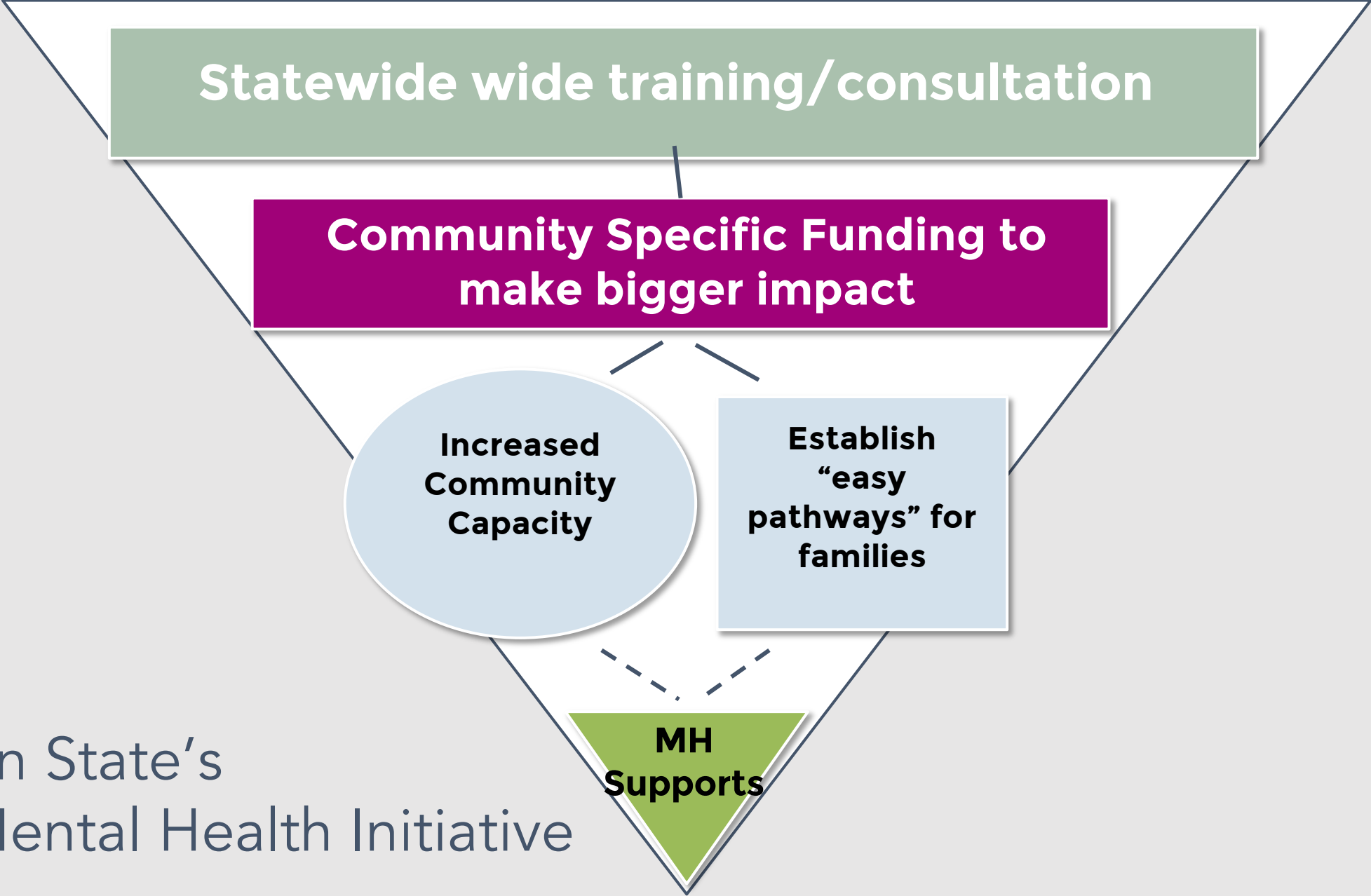
Perinatal Mental health impacts every stage pregnancy, birth, postpartum, and infant development

- Pregnancy health for gestational parent and fetus
- Birth outcomes for birthing person and baby
- Body feeding
- Bonding and attachment
- Infant and Child Development and emotional wellbeing
- Financial and community impacts.



Complex Barriers to Care





Washington State's
Perinatal Mental Health Initiative

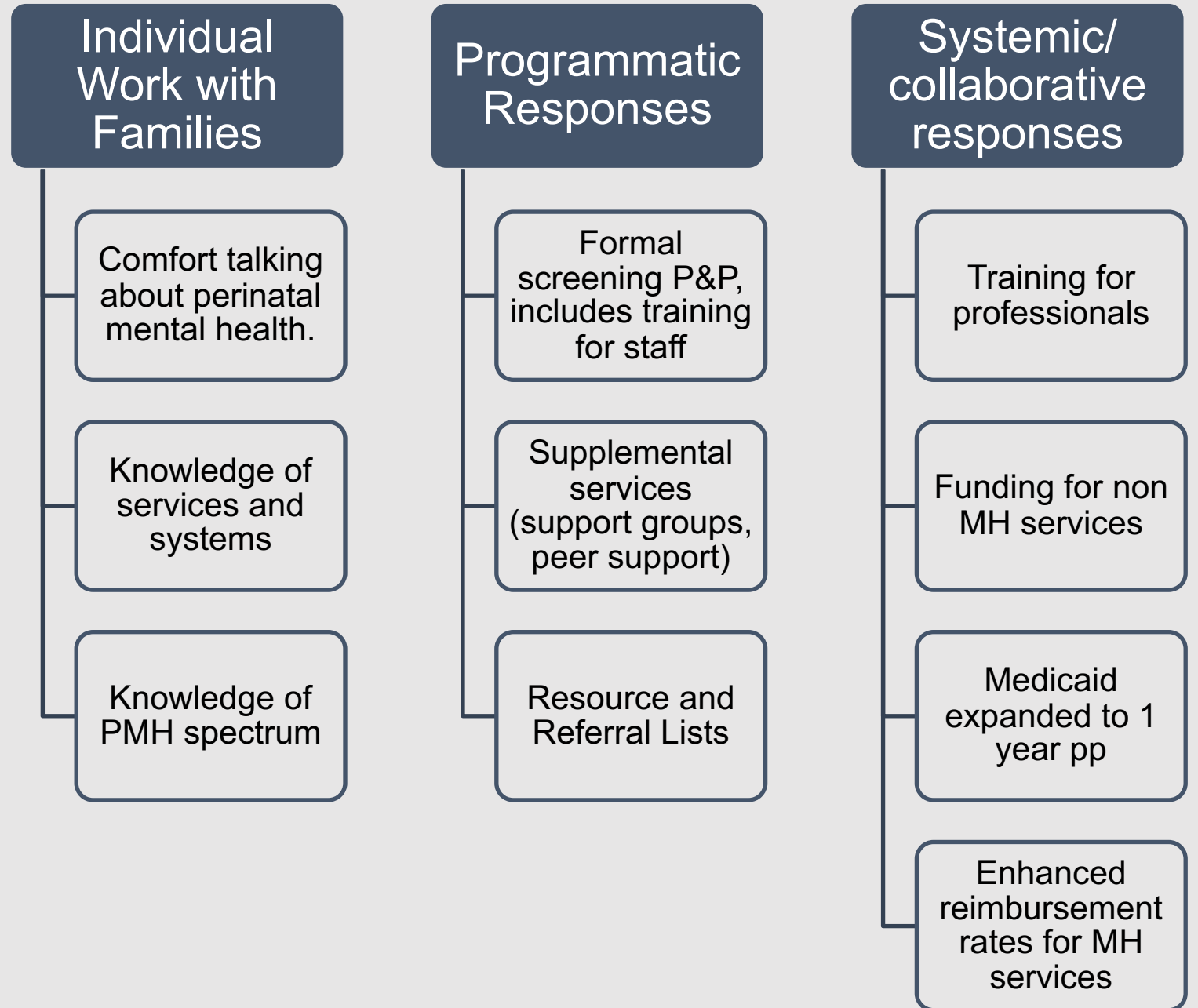
History of PMHI

- The model was developed by Perinatal Support WA in 2014
- 3-year CBCAP grant 2014-2017
- WA State Child Welfare data showed increases in reports for families in the perinatal period resulting in referrals for mental health care.
- Limited provider availability for Perinatal Mental Health Care.
- 2019 DCYF Strengthening Families and PS-WA collaborated to create the PMHI as a capacity-building grant to communities throughout WA

PMHI Collaborative Capacity Building Approach

Levels of Impact and Change	Expected Systems-Level Outcomes
Parent	Access to more services (support group/1:1 peer/parent support) Access to better trained providers
Providers	Access to training and consultation - both direct service and programmatically
Community	Professional Awareness/Training Resource & Referral Protocols, Triage Protocols, Crisis Protocols Direct Service Universal Screening Parent/ Public Awareness

What You Can Do



References

Mental Health of Parents and Caregivers

<https://www.childwelfare.gov/topics/can/factors/parentcaregiver/mentalhealth/>

Depression During and After Pregnancy

<https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

Parental Depression and Its Impact on Child and Family Well-being

<https://cblcc.acf.hhs.gov/topic-areas/trauma-and-healing/parental-depression-and-its-impact-on-child-and-family-well-being/>



Q&A

Please type your questions into the Q&A box.

Mia Edidin



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Thank you for Joining Us!

