

## CARING FOR SOMEONE WITH POSTNATAL DEPRESSION

*This fact sheet aims to provide strategies and support for the partner, family and friends of someone with postnatal depression.*

Having a baby is a time of joy but adjusting to a new baby in the family can be very stressful and demanding for parents. When a new mother is also experiencing postnatal depression this time can be confusing and distressing for herself, her partner and family members.

### Did You Know?

- Officially Postnatal Depression (PND) is a recognised illness which effects at least 15% of mothers and 10% of fathers
- The incidence of PND is on the increase some studies now say up to 50% of women suffer from PND
- Severe Postnatal Depression effects 3% of mothers that equates to 21,187 mums in the UK
- While most women make a full recovery from PND the sad truth is that many suffer for many years, and some like my Joanne Bingley see no alternative other than to take their own lives
- For the last 10 years the highest cause of maternal deaths in the UK is suicides as a result of Postnatal Depression



### What will it mean for you?

*Be aware that many of the stressors and problems you experience during the period of postnatal depression may not be indicative of your relationship, but they are consequences of the illness.*

Your partner may be saying or feeling things that she does not really mean, they are symptomatic of the illness and the way she is feeling at the time. Try not to take these things personally - understand it is the postnatal depression talking.

You may feel very worried or concerned about the well being of your partner or her ability to look after the baby or any other children you have. This experience may be the first contact you have ever had with mental illness, and you may have never heard of postnatal depression before. You may find it more difficult to leave your partner to go to work and you may find that she calls you frequently asking you to come home from work.

A woman with postnatal depression may lose interest in having sex with her partner. Try not to take it personally if your partner does not feel like having sex. She may be feeling inadequate or self conscious about her body or her ability to be fully involved in this intimate aspect of your relationship. Other factors such as her recovery from the pregnancy or childbirth, the effect of medication on libido and fear of subsequent pregnancy may also be an issue.

### Ways to help your partner

*“Supporting someone with a mental illness is one of the biggest challenges.”*

Sometimes it can be very difficult to know how to help your partner. You may feel whatever you say or do, is not helping her to feel better. You may feel you have tried many different things but none have worked. While it is natural to feel like you should be able to help fix your partner's distress she will need more treatment and support than you can provide. Try to focus on providing practical and emotional support and ensure that she receives these extra services.

*The following are some of the things others can do to help support your partner and yourself.*

## Provide practical support

- ❑ Try to help out with the housework and baby care as much as you can. This may be difficult if you work long hours but she will benefit from any involvement that you can give her. Identify a task that you can make a part of your routine, for example bathing the baby.
- ❑ If family members offer to help make sure you accept the offer. There is nothing wrong with allowing others to help with things such as housework or shopping.
- ❑ Offer to cook dinner or better still pick up take-away.

## Providing emotional support

- ❑ Don't worry if you feel that you don't know what to say. It is a difficult time for you both and you will learn the best way to deal with it together.
- ❑ Try to be patient and reassuring, rather than responding with logic and advice, as your partner may misunderstand what you are saying or it may make her feel more incompetent.
- ❑ Try to validate her experiences or worries and understand that they are very real for her, even if you think her concerns are not warranted.
- ❑ Encourage her to express her feelings and not bottle them up. Be prepared to listen to her talk even if you feel that you are hearing the same things over and over. Try to remember that she might not need you to fix things or to offer her a solution, but just to listen and let her know that you have heard her.
- ❑ Try not to be discouraged if she seems withdrawn or you do not get a response from her. There will be a time when she will be able to respond and express gratitude for your support.
- ❑ Encourage and support her accomplishments, even the little things. Knowing that you are okay with whatever she can manage and that you will chip in when you can, can be enormously supportive.
- ❑ Try not to tell her that she is lazy if the housework is not done and she is resting. She may be feeling exhausted which is a very common symptom of postnatal depression. Rest is very important and other things can wait.
- ❑ At all times be reassuring of her relationship with her baby. There may be times when she struggles to take care of the baby herself and you or others need to take over, but always reassure her that she is the baby's mother, and there will come a day when she can care for the baby fully herself.
- ❑ Try to avoid making any major decisions while your partner has postnatal depression, if possible wait until she recovers. You may find many of the problems or issues that you thought existed start to resolve as your partner recovers.
- ❑ You will be told that postnatal depression is temporary but she may feel that it will never go away (which is a symptom of the illness). It will help to reassure her if you say something like "I understand that you feel bad now, but the doctor believes that you will return to your old self again," rather than saying, "Don't worry about it, you will get over it."
- ❑ Try to reassure her that you will stand by her. She may be worried that you will tire of her and the illness and leave.
- ❑ Try to reassure your partner that you are okay if she is not interested in sex for the time being. Touching or cuddling, without leading to sex, may be more comfortable at this time. It is important that you both communicate what you want and how you feel. If sex is still an issue perhaps you could talk it over with your medical practitioner.

## Providing support for treatment

- ❑ Make sure that your partner has sought proper medical assessment and ongoing monitoring.
- ❑ If possible, try to go with her to medical appointments and be actively involved in her treatment
- ❑ Your partner will benefit from other support resources such as counselling, support groups or getting help from friends and family.
- ❑ Ultimately the decisions about her care will be hers but you can discuss the options and the advice of her treating health care professional together and decide on the best course of treatment.
- ❑ Do not be afraid to ask for accurate information about postnatal depression and its treatment from your doctor or health worker.
- ❑ Getting information about postnatal depression is important so you can understand some of the symptoms of the illness and to be aware of what might be the most supportive way to help your partner and yourself.
- ❑ There may be times when you will question the validity of the illness but be assured that postnatal depression and its symptoms are very real for your partner and with proper treatment can be resolved.
- ❑ Taking medication can present issues of concern for many people. You might like to learn about the medication and how it should be taken from the doctor, pharmacist or drug information lines.
- ❑ Try to be supportive if medication is required and encourage her to take it as prescribed: this is very important for her recovery.
- ❑ If it is suggested that your partner be admitted to hospital, or a mother and baby unit, this can seem very scary for you both. Be assured that she will receive the appropriate treatment necessary for her recovery. Having the baby with her ensures that the mother-baby relationship is not interrupted and can be enhanced by a hospital stay.
- ❑ Make the most of visiting times to maintain your contact with your partner and baby.
- ❑ Going home to an empty house can be very disheartening. You could use this time to catch up on some rest, see family and friends or maybe spend some time with your other children, if this is not the first baby.

**Now pass this list to around your friends and family and get them to tick-off what they will do to help!**

## Danger signs to look out for when caring for someone !

Always trust your instincts. If you become more concerned about your partner's wellbeing or that of your children, or notice any deterioration in your partner's symptoms, it might mean you need to contact her doctor or support services directly to let them know or to seek advice.

For example, if your partner might show any of the following signs:

- Talk of harming herself or the baby
- Bizarre thoughts or speech patterns, or risk-taking behaviour
- Behaviour that seems odd or is out of character
- Severe change in mood
- Extreme despair
- Obsession with morbid ideas, or statements like "You'd be better off without me."
- Withdrawal from all social contact
- **Withdrawal from treatment or counselling is the most significant sign 24 hours prior to a mum with PND attempting suicide.**

## Problems that may arise for you

- ❑ You may feel more tired or exhausted if your sleep is disturbed and you are worried about the well being of your partner.
- ❑ You may feel anxious and confused about what is happening to your partner and whether she and the baby will be okay.
- ❑ You may feel a sense of loss that the woman you knew has gone and you don't know how to help her come back.
- ❑ You may feel the demands of your home life and the extra responsibilities of caring for the children are impinging on your time and demands at work. You may also feel concerned about your family finances, especially if you are needed more at home.
- ❑ Try to avoid withdrawing from your partner and home life with long hours at work. Managing your stress and worry with increased use of drugs and alcohol is likely to cause additional problems.
- ❑ You may experience loss of social contacts or feel unsupported, as the need for you to be at home and other family demands increase.
- ❑ There is a risk of depression in men after childbirth - the estimates are around 10%, especially if you have experienced depression before.
- ❑ Having a partner with depression and the extra stress and responsibility you face may also put you at risk. Make sure that you look after yourself and build your own support network.

## Provide support for yourself

- ❑ Do not forget that you need special attention at this time. Make sure that you have someone you can talk to about your concerns and frustrations, e.g. a trusted family member, friend or your doctor.
- ❑ Give yourself credit for what you are doing. It is okay for you to feel disappointed or frustrated about the situation without feeling guilty. It is natural to feel this way as things are not going the way you anticipated, however try not to let these feelings get the better of you by expressing anger and resentment towards your partner.
- ❑ Try not to feel that you have to do everything yourself. If you need a break, get a friend or family member to be with your partner and baby if necessary. Make sure that you get help as a family – postnatal depression affects you as a family and you should get help that benefits all of you.
- ❑ Don't blame yourself; postnatal depression is no one's fault.
- ❑ Get plenty of rest. If you are waking up frequently throughout the night to tend to the demands of the baby or your partner's sleeplessness is disturbing you, you will need to catch up on your sleep at other times.
- ❑ Remember that this is temporary and your partner will recover with the appropriate help.

## Want more help and information?

### Handouts and Factsheets

#### Joanne Bingley Memorial Foundation

> <http://www.joebingleymemorialfoundation.org.uk/jbmf-handouts-and-factsheets/>

#### NHS Choices Carer Rights

> <http://www.nhs.uk/carersdirect/guide/rights/pages/carers-rights.aspx>

#### NHS Choices Carers Assessments

> <http://www.nhs.uk/CarersDirect/guide/assessments/Pages/Carersassessments.aspx>

#### NHS Choices Care Program Approach

> <http://www.nhs.uk/carersdirect/guide/mental-health/pages/care-programme-approach.aspx>

#### Care Programme Approach

> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_083650](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083650)

### When having a baby can cause you to 'lose your mind'

By Clare Dolman, Trustee of Action on Postpartum P'sychosis

> <http://www.bbc.co.uk/news/health-15969234>

## Useful Websites:

### MIND – Understanding Postnatal Depression

> [http://www.mind.org.uk/mental\\_health\\_a-z/8007\\_postnatal\\_depression](http://www.mind.org.uk/mental_health_a-z/8007_postnatal_depression)

### Up to 10% of dads suffer from postnatal depression

> <http://www.telegraph.co.uk/health/healthnews/9226013/Fathers-just-as-likely-to-suffer-postnatal-depression.html>

### Fathers Reaching Out

Mark Williams, set-up Fathers Reaching Out which aims to help men who suffer from perinatal mental illness or who are left responsible for caring for mums suffering from perinatal mental illness

> <http://www.fathersreachingout.com/>

### 4Children

> [www.givemestrength.org.uk](http://www.givemestrength.org.uk)

### Family Action

> <http://www.family-action.org.uk/home.aspx?id=11578>

### Action on Postpartum Psychosis – Map of MBUs

> <http://www.app-network.org/what-is-pp/getting-help/mbus/>

## For the future

If you are planning future pregnancies be sure to consult your health professional for medical guidance, as there is a higher risk of postnatal depression in subsequent pregnancies if a woman has already experienced it. Most medical practitioners recommend a woman should have discontinued medication for at least a year before conceiving again.

Postnatal depression is very treatable and has a high rate of recovery. However, it can sometimes take many months, but if you persevere the difficulties will ease and you will be rewarded with the family you have been waiting for.

*The key task is to raise awareness so that sufferers of PND and their Carers "Know what to ask for?"*

## Perinatal Mental Health and Postnatal Depression

*As long as PND is recognised and treated, it is a temporary condition that you can recover from. However, suicide is the leading indirect cause of death in mothers and in rare cases women are driven to kill their children.*

The illness can range from a mild and normal period of mood upset, known as the baby blues, through to the most severe and rare affliction postnatal psychosis.

Here are some comprehensive facts on the symptoms, treatment and risks.

MENTAL HEALTH STATE	REACTIONS & SYMPTOMS	PREVALANCE	England & Wales
<b>Live Births 2009</b>			706,248
<b>Baby Blues</b>	Mood swings, crying spells, feelings of vulnerability, loneliness or irritability.	<b>Affects about 1 in 2</b>  50% new mothers	353,124 new mothers
<b>Postnatal Depression (PND)</b>	Sleep problems, low mood, loss of pleasure and confidence, constant apprehension about baby's health, restlessness, agitation, sometimes suicidal ideas.	Affects 1 in 10 to 2 in 13  10% to 15% new mothers  3% Severely	70,824 to 105,937 new mothers  21,187 severely
<b>Puerperal Psychosis (Postnatal Psychotic Disorder)</b>	Lost contact with reality, uncharacteristic behaviour, restlessness, agitation, suicidal ideas.	Affects 1 in 500  0.002% new mothers	1,412 new mothers

*To all of you who are suffering now please believe me there is light at the end of tunnel."*

**For more information about the charity contact:**

Our Website: [www.dadsmatteruk.org](http://www.dadsmatteruk.org)