Vignette: Meet Eve

Eve, a 40 year old woman, in a same sex defacto relationship and is 21 weeks pregnant.

Presenting issue and demographics

- Eve self-referred to local PMH service, based in a private hospital
- Eve stated she sought the referral as she is having a baby and is “terrified” about giving birth
- Eve reported she has not seen her GP, or any health professional for this pregnancy. She has referred herself as she knows she will "have to see someone at some point, but I am frozen with fear and I can't bring myself to contact anyone (about the pregnancy)".
- EPDS score is 19, with a score of 0 on Q10
- DASS 21 with Depression 29 (Extremely Severe), Anxiety 19 (Severe) and Stress 27 (Severe)
- PA to CEO of hospital (strain of COVID on healthsystem)
- Partner Penny, 38 year old, 3 year relationship, works fulltime

Formulating factors

Predisposing

- Strong perfectionist personality traits
- Long standing hx of fear of birth
- Eve's mother and both grandmothers had injuries and traumatic childbirths. One had lifelong incontinence and sexual dysfunction and and required mulitplie surgeries
- Fam hx of anxiety and depression, possible PND hx maternal side
- Hx of compulsive behaviours and mood fluctuations (period cycle particularly)

Precipitating

- Conflicting thoughts about having a baby started around age 34.
- Penny expressing strong desire to have a family (Penny unable to have children)
- Tension in relationship re having a family
- Although planned, she was reportedly very shocked when she found out she was pregnant
- Stress and strain at work re COVID strain on system
- Strong morning sickness in first trimester

Formulating factors

Perpetuating

- Body feeling so unfamiliar and “alien” in pregnancy, no sense of connection or bond
- Significant fear and worry about the process of giving birth
- State of denial about the pregnancy and avoidance of all standard health engagement
- Penny’s family absent and not approving of relationship
- Ongoing work stress/pressure, particualry re upcoming maternity leave
- Poor sleep, reduction in physical exercise (prior hx of strong coping mechanism for stress)

Protective

- Although Eve is at times “paralised by fear”, sought the referral in an attempt to “get help”
- Committed relationship, Eve described relationship as “very supportive of each other” and that they are both “strongly committed” to their relationship and future together
- Eve appears to be a pragmatic person and reportedly applies a problem-solving approach to other areas of her life
- Good family support on Eve’s side
- Connected to future plans and positive associations and connections to being a parent

Discussion prompts

1. What possible risk factors are apparent for the birth mother, Eve and her family

2. Which professional disciplines are/should be involved with Eve and her family. Who would be best placed to assess, monitor and follow up the risk factors? Do all need to work together and what might be some of the challenges they experience in working together?

3. What would be the most appropriate support/intervention/s for each family member? How might the different health disciplines work collaboratively to support each family member?

4. Who would be best placed to maximize the protective factors identified in the vignette? Namely to build on their strengths, provide/maintain access to resources / services / interventions and/or mitigate the risk of ongoing mental health concerns

Vignette: Meet Kate

Basic demographic info

- Female, 28 years (Filipino, Australia for 3 years – previously all living in Philippines)
- Married to Tom (Male, Greek background, Australian upbringing), 7 years
- 2 children – Sophia (female) 6 years old, Mikey (male) 10 months old (both planned)
- Unemployed (never worked, no additional training)
- Tom is an Electrician, often travelling or working long hours

Presenting concerns

- At the time of assessment, Kate presented with symptoms consistent with a major depressive episode (flat, low motivation, anhedonia, low mood) and anxiety (excessive worry)

Formulating factors

Predisposing

- Move to Australia 3 years ago from the Philippines where her family reside – unable to see them during COVID
- Past episode of postnatal depression with Sophia
- History of mild anxiety, perfectionism, worry

Precipitating

- Birth of her second child
- Social isolation
- Sole parenting duties 10/13 days due to FIFO nature of husband's work
- Exhaustion (disrupted sleep, baby feeding, no daytime rest)
- Missing the Philippines and her family/friends/community there

Perpetuating

- Separation from family and friends in the Philippines
- Little practical support with parenting duties available
- Exhaustion
- Self-critical thoughts, low self-esteem
- Difficult relationship with family-in-law due to cultural differences
- Financial strain

Protective

- Speaks to family and friends often via internet
- Started anti-depressant medication in last week (discontinued)
- Help seeking
- Love for her children

Discussion prompts

1. What possible risk factors are apparent for the birth mother, Kate and her family

2. Which professional disciplines are/should be involved with Kate and her family. Who would be best placed to assess, monitor and follow up the risk factors? Do all need to work together and what might be some of the challenges they experience in working together?

3. What would be the most appropriate support/intervention/s for each family member? How might the different health disciplines work collaboratively to support each family member?

4. Who would be best placed to maximize the protective factors identified in the vignette? Namely to build on their strengths, provide/maintain access to resources / services / interventions and/or mitigate the risk of ongoing mental health concerns

Vignette: Meet Stacey

Stacey, a 35 year old woman, married, 10 weeks post-partum.

Presenting issue and demographics

- Referred via private psychiatrist for psychological intervention for anxiety
- Repetitive checking for needles
- Nurse in a public hospital
- Rarely leaving the house or parting from child, unable to complete basic household tasks due to excessive checking
- Panic on husband leaving for work
- Marriage under strain
- Anxiety regarding bond with child “I feel nothing for him, I’m supposed to feel love. He’s just fine though”

Formulating factors

Predisposing

- Strong perfectionist personality traits
- Family history of anxiety and depression
- History of obsessive and compulsive behaviours in early childhood, again in teens, spontaneously resolved in late teens
- Back injury - reliant on carers for many care activities with child
- Childhood accident – worried I was paralysed

Precipitating

- Mother died from surgical complications during pregnancy
- Unable to visit mother during final days due to COVID admission rule changes
- Grief - Loss of maternal relationship. Guilt.
- Feeding issues
- Birth trauma - 'felt dead inside by the end' – avoided pain relief

Perpetuating

- Poor sleep
- Minimal external stimulation, social isolation following COVID
- Reliance on support workers
- Grief and guilt
- Checking behaviours

Protective

- Committed relationship
- High function pre-pregnancy
- Employed, intelligent and well engaged in therapy
- Support workers available to assist with care of child

Discussion prompts

1. What possible risk factors are apparent for the birth mother, Stacey and her family?

2. Which professional disciplines are/should be involved with Stacey and her family. Who would be best placed to assess, monitor and follow up the risk factors? Do all need to work together and what might be some of the challenges they experience in working together?

3. What would be the most appropriate support/intervention/s for each family member? How might the different health disciplines work collaboratively to support each family member?

4. Who would be best placed to maximize the protective factors identified in the vignette? Namely to build on their strengths, provide/maintain access to resources / services / interventions and/or mitigate the risk of ongoing mental health concerns

Vignette: Meet Susan

Basic demographics

- Susan is a 32 year old Australian female.
- She has been married to Alex, a Firefighter, for three years. They knew each other for 12 months before they got married.
- They have a two-month-old baby, Sophia.
- Susan previously suffered two miscarriages.
- She left her job as a Real Estate Agent to become a full-time mother.

Presenting concerns

Susan is seeing her G.P. for Sophia's first vaccination. She seems to be coping well with the baby, but has been anxious about her husband and stressed about their relationship. Looking back, Susan has noticed that Alex started to "change" as the pregnancy progressed and even more so since Sophia was born. Susan's G.P. recommended a Mental Health Plan.

Formulating factors

Predisposing

- Hasn't been formally diagnosed, but remembers suffering from depression in her early 20's.
- Has an anxious attachment style.
- Her parents separated when she was a young child.
- Husband Alex diagnosed with AD/HD in early adulthood.

Precipitating

- Susan has noticed Alex has been becoming increasingly irritable, moody and withdrawn.
- They have been arguing much more than is normal for them.
- After a recent argument, Alex had a meltdown and punched a wall.

Protective

- Best friend had a baby a few months ago, and they speak daily.
- Motivated to seek help for and support her husband.
- Strong desire to build a happy family for their baby.

Perpetuating

- Unwillingness of partner to talk. When she tries to initiate conversations, he stonewalls, saying "I don't want to talk about it".
- Has had little relationship with her mother, since leaving home at 20.
- Challenging relationship with her mother-in-law who is over-involved with the baby.
- First in their circle of friends to start a family.
- Husband's sister has five children, but they are not close.
- She was close to her co-workers but hasn't seen them since leaving.
- Exhaustion and sleep deprivation.
- Husband's shift work.

Discussion prompts

1. What possible risk factors are apparent for the birth mother, Susan and her family

2. Which professional disciplines are/should be involved with the Susan and her family. Who would be best placed to assess, monitor and follow up the risk factors? Do all need to work together and what might be some of the challenges they experience in working together?

3. What would be the most appropriate support/intervention/s for each family member? How might the different health disciplines work collaboratively to support each family member?

4. Who would be best placed to maximize the protective factors identified in the vignette? Namely to build on their strengths, provide/maintain access to resources / services / interventions and/or mitigate the risk of ongoing mental health concerns