

What Were We Thinking
***a gender-informed program to prevent postnatal
mental health problems in women***

***A comprehensive approach to
knowledge creation and translation***

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Partnership for knowledge generation and translation

Jean Hailes Research Unit is a formal partnership between:

- School of Public Health and Preventive Medicine at Monash University, and
- Jean Hailes for women's health, a not-for-profit community-based organization specializing in knowledge translation for multiple end users;

Partnership for knowledge generation and translation

- Jean Hailes for women's health:
 - multidisciplinary knowledge translation team with experts in health promotion, health education and media and communications for women, their families and the health professionals who care for them.
- Jean Hailes Research Unit:
 - academic staff from diverse disciplinary backgrounds in social and biological sciences;
 - all research is informed by a social model of health, with a specific focus on understanding and addressing gender-based risks and the social, economic, cultural and political contexts of women's lives.

Prevalence of common mental disorders among women who have recently given birth in high-income countries

- Self-report measures yield symptom scores rather than diagnoses;
- Variation in sampling, measures, cut-off scores, period of ascertainment and whether point or interval prevalence ascertained;
- Limited precision and comparability;

In Australia:

Depression: 6.8% (Woolhouse et al, 2012) to 20.7% (Webster et al, 2001)

Anxiety: \approx 10% in the first six months postpartum (Fisher et al, 2010)

Adjustment disorders with depressed mood or anxiety: \approx 10% - 15% in the first six months postpartum (Fisher et al, 2010)

Determinants of postnatal CMD

Multifactorially determined including by:

- Own experiences of care in childhood;
- Past personal or family history of mental health problems;
- Unintended, unwanted or difficult to achieve pregnancy;

- Quality of relationship with intimate partner;
- Impact of unsettled infant behaviour;
- Social isolation
- Coincidental life difficulties: poverty, crowded or inadequate housing, discrimination

Universal approaches to prevention of postnatal mental health problems

- Additional sessions in antenatal classes;
- Continuity of midwifery care;
- Information about how to recognize postnatal depression symptoms and where to seek assistance;
- Debriefing or 'midwife listening' during maternity hospital stay;
- Earlier than usual visit to a GP for a postnatal health check;
- Package of practical and emotional support from a community worker;
- Repeated assessments by a health visitor at home visits and immediate referral to a GP;
- Community development to make local areas more mother-friendly.

Heather Rowe PhD

Senior Research Fellow
Women's Mental Health Program
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What Were We Thinking

- Brief psycho-educational group program for first time parents and babies in primary care
- Designed to prevent postnatal depression, anxiety and adjustment disorders in first-time mothers of newborns
- Addresses neglected modifiable risks to maternal mental health
 - Partner relationship
 - Unsettled infant behaviour










Psycho-educational program

- Early postnatal period
- Adult learning approaches in small groups
- Content derived from wide consultation
- Program formats varied to include
 - Group discussion
 - Active participation in problem solving
 - Skills development and practice
 - Short talks
 - Practical demonstrations
- Two components:
 - Settling, regulating infant behaviour
 - Adaptations to the intimate partner relationship

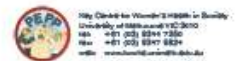
Parents' Workload

Tasks become harder to do and take much longer when there is a baby to look after. The unpaid workload is obvious only when it is not done. All couples have to re-negotiate who does what after the baby arrives. The first step is to work out who does what now and the next is to talk about whether you want to arrange things differently.

In general how many hours do you spend each day doing the tasks listed here?

	hours
 4	
Bathing your baby	
Walking your baby	
Setting your baby to sleep	
Playing with your baby	
 1	
Cleaning the house	
Cooking meals	
Washing clothes	
Washing dishes	
 1	
Ironing	
Working for pay	
Doing household paperwork (like paying bills)	
Food shopping	
 1	
Attending to pets	
Mowing / gardening	
Caring for relatives	
Car maintenance	
 1	
Study	
Answering the telephone	
Other: _____	
Other: _____	

Does this feel fair? All couples have to develop the skills to discuss the division of the paid and unpaid workload and to review the arrangements often. It's better to have these discussions when you are not feeling tired and when you can talk calmly!




Part 1: About Babies

- Focus on increasing knowledge and skill development


How easily soothed or quietened is your baby?


Easily and quickly comforted




Cannot be comforted

Babies vary in how easily they are able to be soothed and comforted.

1 

2 

3 

Part 2: About Parents

- Adaptation to universal changes in the partner relationship that follow the birth of a baby;
- Workload and needs for encouragement and reassurance

In general how many hours do you spend each day doing the tasks listed here?



Bathing your baby	hours:
Walking your baby	
Settling your baby to sleep	
Playing with your baby	





Materials

Parents

Child and Family
Health
Facilitators





-
- Acceptable, salient and useful
 - Fathers and newborns should be included
 - Psycho-educational rather than just support
 - Early evidence of effectiveness for women without a history of mental health problems
 - Suggests a universal approach with additional resources for women with a psychiatric history
 - NHMRC-funded cluster RCT in practice
 - Costs and outcomes
 - Scaling up?

What is translation?

Louise Browne

Project Manager-

Education & Translation

Jean Hailes for Women's Health



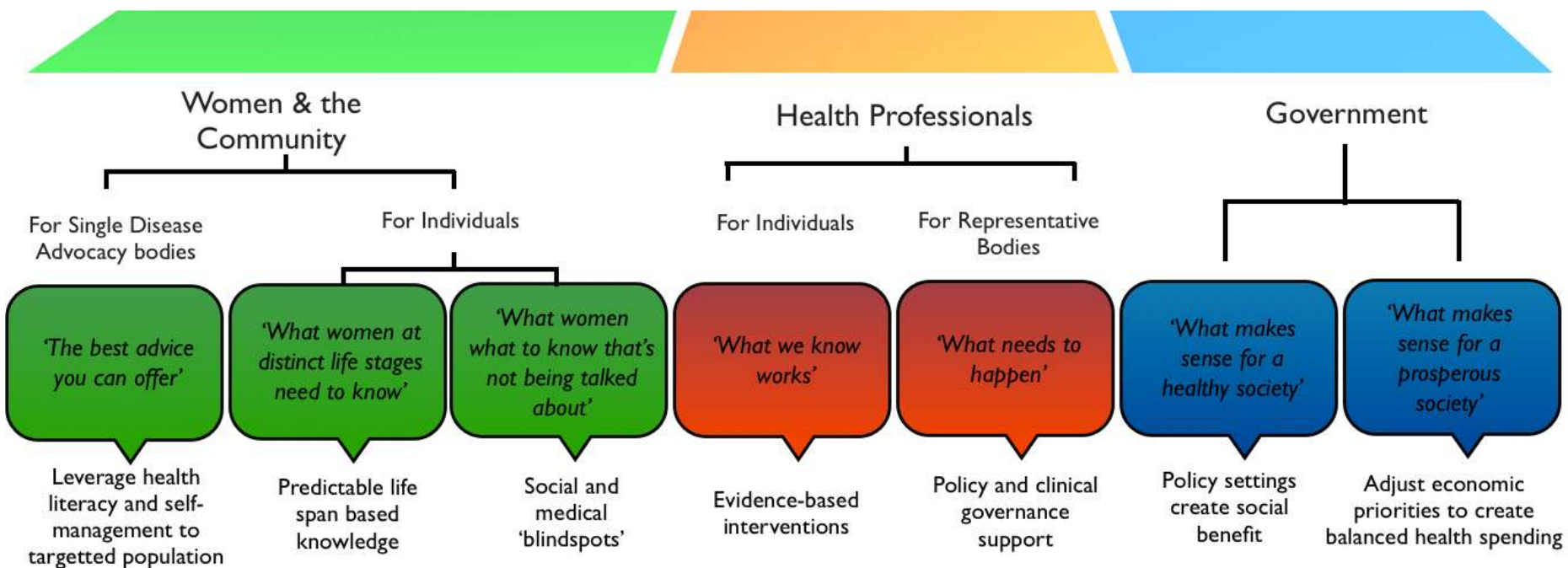
Jean Hailes Model of Translation

Translation: the process of interpreting evidence to suit a user's context

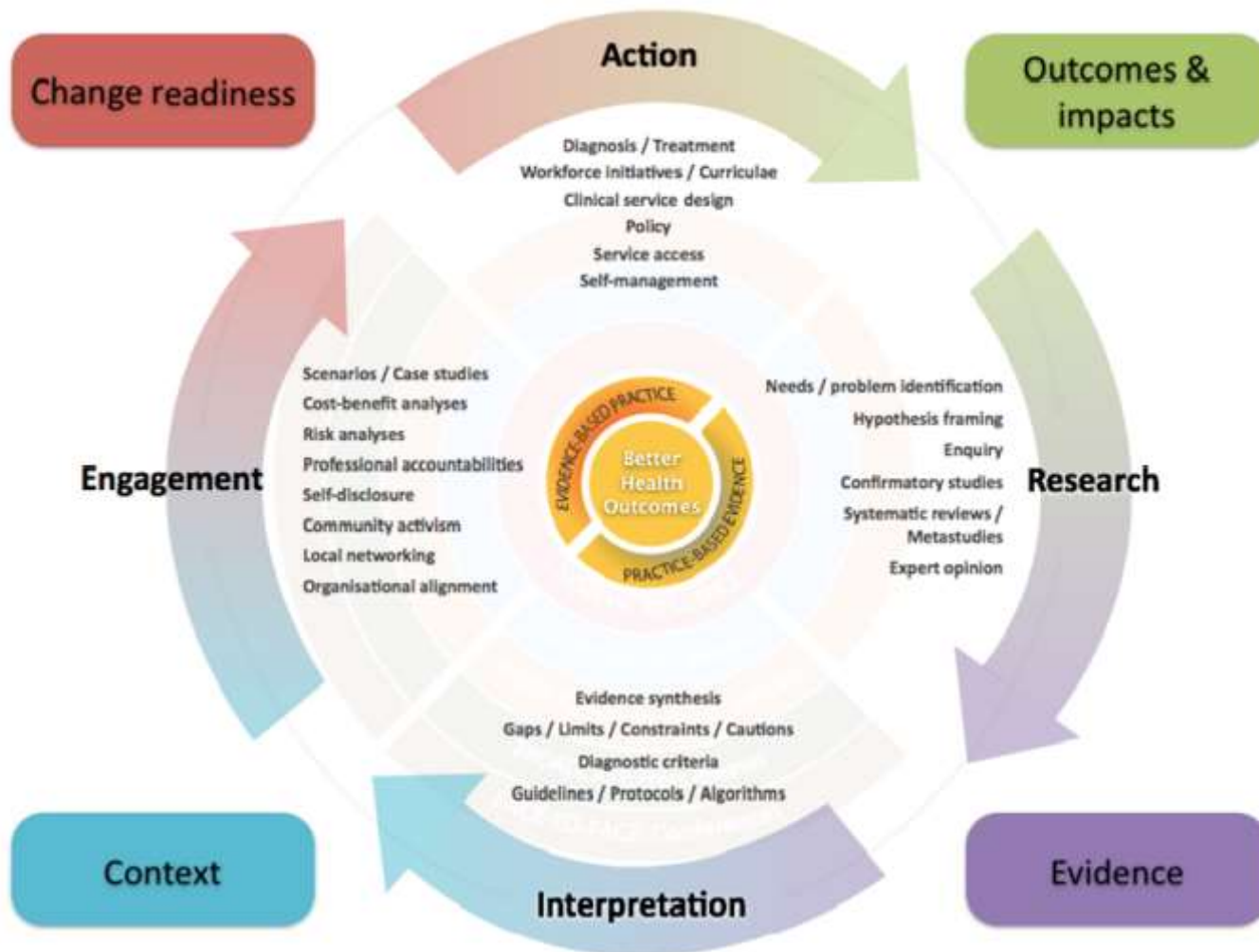
An effective model of translation is crucial in order to maximise the amount of knowledge making its way in a usable form, from research to the end users

Who are we translating for?

Our audiences



The Jean Hailes translation model in action



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How do we translate for these audiences?

Women & community

- face to face education
- magazine articles
- social media
- Websites
- fact sheets
- webcasts
- podcasts
- new technologies e.g. blog, apps
- media campaigns
- representation & advocacy
- clinical and strategic advising

Health professional

- online education
- active learning modules
- face to face workshops
- HP websites
- webcasts
- Clinical tools e.g. treatment algorithms
- Clinical attachments
- Clinical guideline development

Government

- Economic (program) modelling
- Policy advice
- Policy response

Examples of translation: WWWT

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Translation examples: health professionals

Consultation with maternal, child & family nurses:

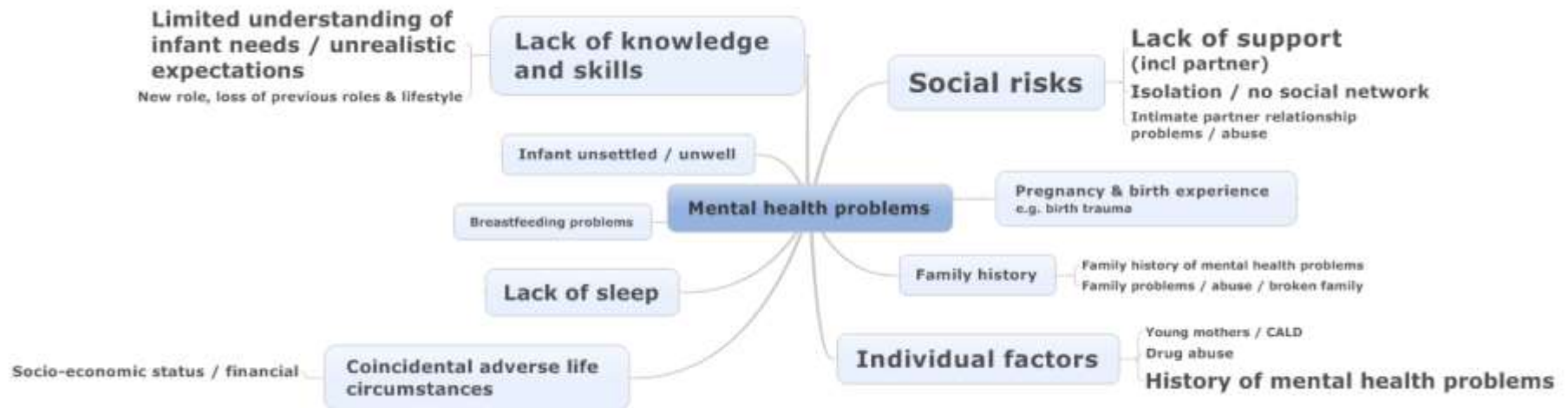
1. Semi-structured interviews & discussion groups:
 - Current practices and views in relation to postnatal mental health problems
 - Learning needs

“....Combination of self study with web-based materials and in service training”

2. On-line survey: 343 Victorian MCH nurses

Translation examples: health professionals

What contributes to mental health problems in parents?



Translation examples: health professionals

Nurse training for WWWT

- Active Learning Module (ALM) online - Knowledge



- Face-to-face workshops - Skills



Victoria Kalapac

Grants and Funding Coordinator
Jean Hailes for Women's Health

Translation examples: health consumers



Media and radio appearances

www.whatwerewethinking.org.au



DVD

New technologies – watch this space!



Jean Hailes
For Women's Health

Translation examples: Policy and Govt.



Safe-sleeping Forum

Economic modelling

Ongoing advocacy



MONASH University MBalliance
Medicine, Nursing and Health Sciences
Jean Hailes Research Unit, School of Public Health and Preventive Medicine
Implementation of *What Were We Thinking (WWWTT)* in Victorian Maternal and Child Health services

www.med.monash.edu.au

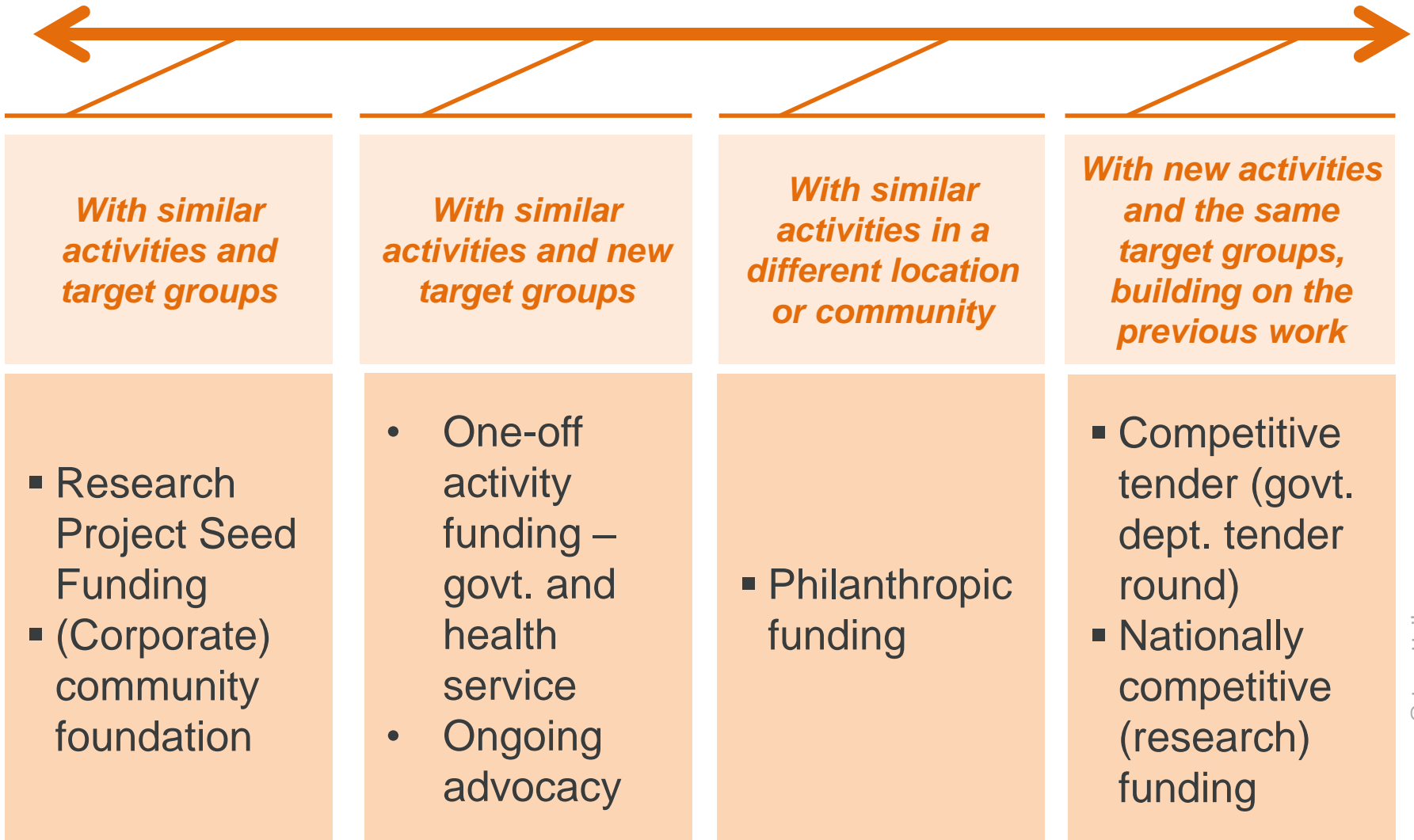


Sustainability

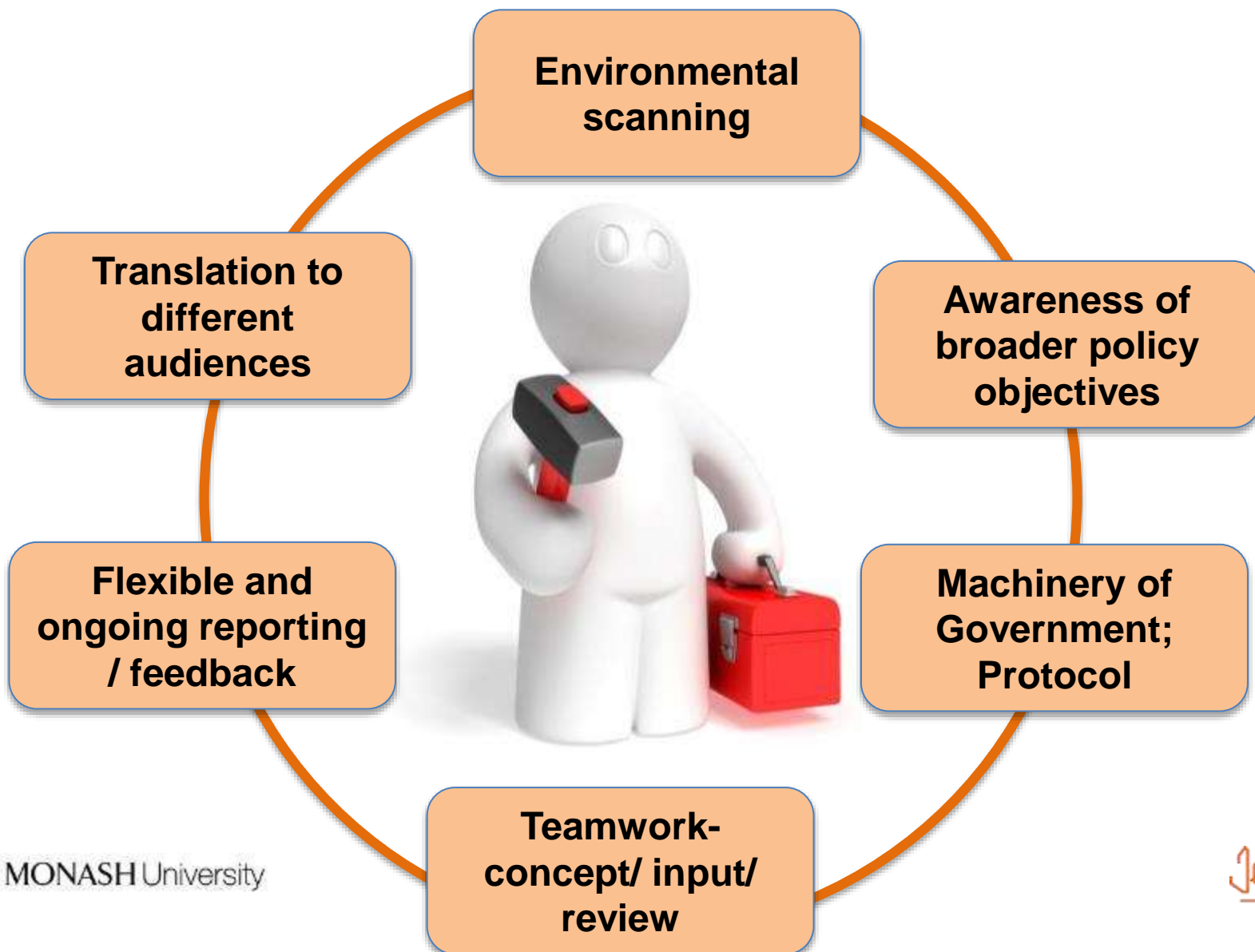
- *Comprises the continuation of program activities, benefits or outcomes for the target populations and community and organisational capacity.¹*

¹Riki Savaya and Shimon E. Spiro (2012) Predictors of Sustainability of Social Programs. *American Journal of Evaluation*, 33(1):27

The continuum of sustainability – *What Were We Thinking!*



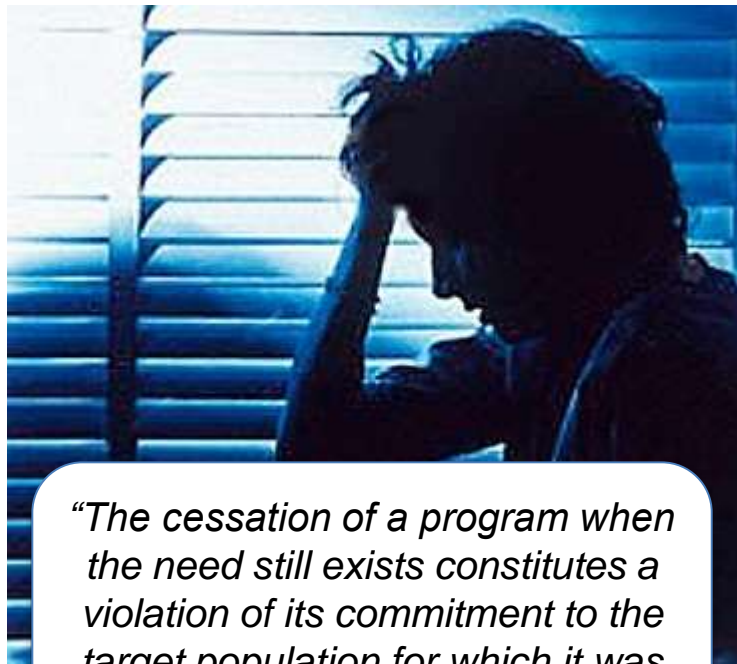
Funding sustainability toolkit



Maximising your funding chances

> Consider the program along the 'continuum'

> Diversity of funding streams



"The cessation of a program when the need still exists constitutes a violation of its commitment to the target population for which it was [initially] introduced."

One-off activity funding

Research project funding

Philanthropic funding

(Corporate) community foundations

Competitive tender

Ongoing advocacy

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- MLC Community Foundation
- Eirene Lucas Foundation
- Victorian Department of Education and Early Childhood Development (DEECD)
- Municipal Association of Victoria
- Australian Government Department of Family and Community Services, Housing and Indigenous Affairs (FaCISHIA)
- National Health and Medical Research Council
- The Jack Brockhoff Foundation
- *Beyondblue, the national depression initiative*
- Masada Private Hospital
- Tweddle Child and Family Health Service
- Victorian Local Government Areas