

MELLON SCHOLARSHIP RECIPIENT

PERINATAL MENTAL HEALTH IN COMMUNITY SOCIAL WORK

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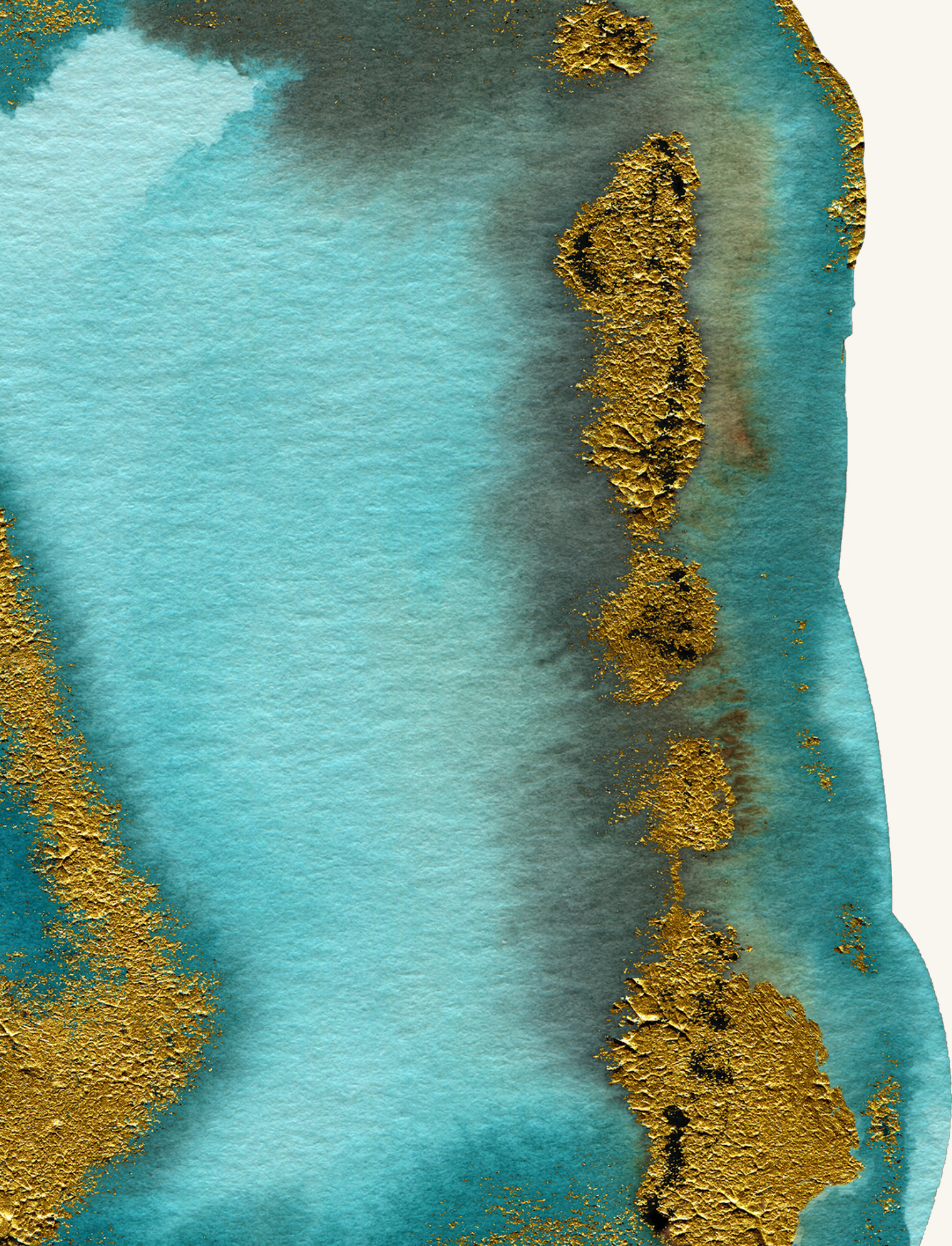
INTRODUCTION

This fall I will begin my last year of the five-year BSW/MSW program at LUC. I am pursuing micro-level social work with a specialization in Advanced Clinical Practice

Along with perinatal and reproductive mental health, my clinical interests include trauma, grief and loss, eating disorders, and relationship challenges

As a firm advocate for reproductive justice, I hold that a holistic, intersectional approach is central to the empowerment and healing of the individuals and communities I have the privilege of working with





FIELD PLACEMENT

CTS HEALTH

CTS is a community mental health center in the Belmont Cragin neighborhood serving individuals and families with low socioeconomic status (SES)

As a social work intern at CTS, I conduct biopsychosocial assessments, attend weekly group and individual supervision

Additionally, I have a caseload of ten clients that I see weekly for individual and family therapy using evidence based practices including CBT, DBT, and ACT

WHY PERINATAL MENTAL HEALTH?

One of my first assignments was to develop and conduct an ecological needs assessment that would inform the program development of therapy groups at CTS

Primary and secondary data was obtained from separate surveys given to CTS employees and consumers engaged in services (individual/family therapy, case management, etc.)

Both data sets demonstrated an overwhelming need for mental health resources for consumers who are in the perinatal period of their pregnancies

With the encouragement of my mentor, I devoted the fall semester to studying group work that supported the development and planning of an 8-week perinatal support group which I would co-facilitate



PERINATAL MOOD AND ANXIETY DISORDERS (PMAD)



PMADs expand past postpartum depression to include a variety of mental health conditions, including depression, anxiety, obsessive compulsive disorder, and PTSD, that can arise during pregnancy or up to two years postpartum.

The cost of untreated PMADs is profound:

CHILD

- Pre-term delivery
- Low birth weight
- Less breastfeeding
- Disrupted attachment
- Developmental delays
- Behavioral problems

FAMILY

- Domestic violence
- Child abuse/neglect
- Divorce
- Substance use

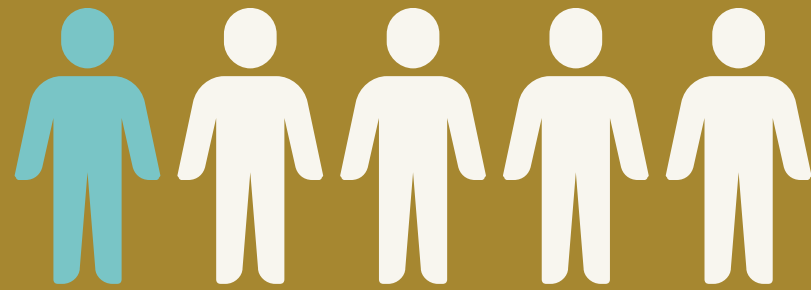
SOCIETY

- Child welfare
- Healthcare
- Public assistance
- Education and early intervention



(Maternal Mental Health NOW, 2017)

**THE PERINATAL PERIOD IS BROADLY DEFINED AS
THE DURATION OF PREGNANCY AND THE FIRST
YEAR POSTPARTUM** (IDPH, 2023)



As many as 1 in 5 birthing people are affected by a mood or anxiety disorder while pregnant and/or in the first postpartum year.

(Howard et al., 2014)

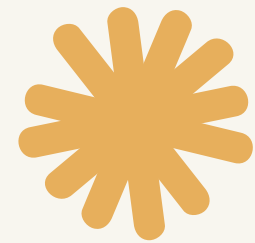
The perinatal period can be a joyous and overwhelming transition. A new baby alters every aspect of a parent's life

pregnancy and the postpartum phase can evoke a complex range of emotions. It can also be a time of grief, fear, and self-doubt

Support groups are an effective way to provide psychoeducation while establishing a community of individuals who empower each other through shared experiences of parenthood

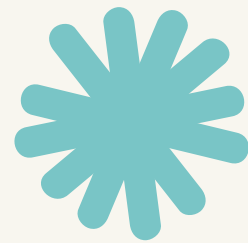


THERAPEUTIC FACTORS IN GROUP WORK



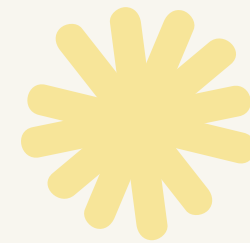
EMPOWERMENT

Group work is empowering on an individual and societal level



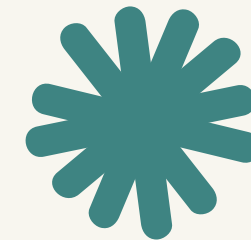
MUTUAL AID

The group is an alliance of people who need each other to work on common problems



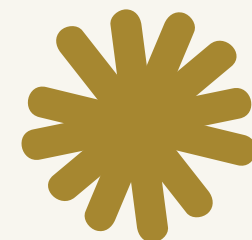
INTERPERSONAL LEARNING

Members can gain a greater understanding of themselves through affirmative interactions and feedback from group members



INTIMACY

Group membership can serve as a corrective and affirming emotional experience for members who have little or no exposure to social connectedness



CATHARSIS

Catharsis in group work can occur for members individually and within the group as a whole. The release of emotional conflict can be a powerful healing method for trauma survivors

(Erford, 2018)

INTERSECTIONALITY AND PERINATAL MENTAL HEALTH

Intersectionality is an framework for recognizing how varied social identities like race, gender, sexual orientation, and class converge and interact with one another, forming nuanced encounters of prejudice, privilege, and oppression. (Crenshaw, 1989)

Examining these disparities through an intersectional lens, Black and Latinx birthing people who are also low-income experience the biggest obstacles accessing perinatal mental health care

Intersectionality in case conceptualization is crucial when treating PMADs in a community health setting

Black birthing people have a maternal mortality rate **3-4 times higher** than non-Hispanic Whites

BIPOC, single, disabled, and low-income birthing people are significantly less likely to access mental health treatment when compared to economically-advantaged White birthing people



(Stevens et al., 2018)

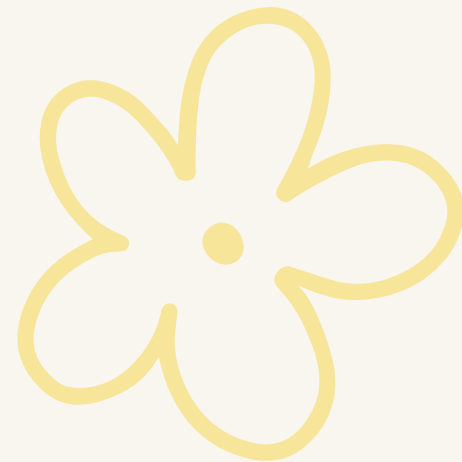
It Takes a Village: Perinatal Mental Health Group

A weekly, judgment-free space for postpartum and expecting moms experiencing perinatal mood and anxiety symptoms to connect and encourage each other's adjustment to motherhood. In addition to providing evidence-based psychoeducation, the facilitator will introduce weekly discussion topics focused on sustainable self-care, coping skills, and normalizing the not so joyous aspects of the perinatal period.



PSYCHOEDUCATION

- Self-care for mother and baby
- Health literacy
- Share resources and provide referrals as needed



DIALECTICAL BEHAVIORAL THERAPY (DBT)

- Mindfulness
- Mood regulation
- Distress tolerance
- Interpersonal effectiveness



ACCEPTANCE AND COMMITMENT THERAPY (ACT)

- Acceptance and diffusion
- Changing identity, changing body, changing relationships
- Connecting to values of motherhood
- Committed action

KEY TAKEAWAYS

This work requires self-education beyond what is taught in coursework. It is an ongoing process that requires curiosity, self-reflection, and the ability to think intersectionally

CULTURAL HUMILITY

CARE COORDINATION

Coordination of care is a vital part of PMAD treatment. This includes consulting with other mental health professionals, PCPs, OBGYNs, doulas, midwives, etc.

Acknowledging systemic inequities in perinatal help is one of the first steps to building a strong therapeutic alliance and showing your client that you are on their side

ADDRESS INEQUITIES

INITIATE THE CONVERSATION

There are many reasons clients do not disclose that they are struggling, including lack of awareness, shame/stigma, distrust in healthcare providers, etc.

REFERENCES

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