

POSTPARTUM *depression*

By Tonia Jurbin

"To end the isolation and distress experienced by many women and their families with the profound life change that accompanies the birth or adoption of a child." This is the mission statement of the Pacific Post Partum Support Society (PPSS). This Vancouver-based organization has been helping women understand and work through postpartum depression (PPD) and the myths of motherhood, training facilitators and telephone volunteers, and distributing practical information and up-to-date research on PPD for 25 years.

Postpartum depression is better understood in the 1990s than when Linda King went through it 18 years ago with her first child and 11 years ago with her second. King, a facilitator at the PPSS commented on the difference in availability of material between the birth of her two children. Today, thanks in large to the PPSS and similar organizations, it is not difficult to locate material on PPD; however, not everybody knows where to get the help and support they desperately need when they suspect they are suffering from PPD.

Part of the problem with PPD is that the women who have it, even if they know what they are suffering from, are often too ashamed to share their feelings, which only increases their isolation and distress. They cannot believe that their feelings of despondency, tearfulness, inadequacy and inability to cope are not uncommon. Many women experience fantasies of harming themselves or their babies; for these women, it is most important to find support.

"Part of the problem is the 'myth' of motherhood," says King. All of the pictures you see are of radiant mothers holding smiling babies with handsome fathers. The magazines are really doing

a disservice to people in that parents are not prepared for the awesome responsibilities involved. There should be more information about postpartum realities that prepare expectant mothers for the possibility of PPD.

"Some of our clients actually become angry when they find out that what they have been suffering from is relatively common (15-20% of all mothers, including adoptive mothers, experience some form of PPD) and although they are relieved to a certain extent, they feel frustrated by all the energy they have wasted and all of the unnecessary anxiety they have had to deal with. Prenatal programs are starting to address PPD more as information is now readily available," says King.

Some women begin to experience some form of PPD during pregnancy. If a woman recognizes signs of PPD during her pregnancy, she can learn coping techniques to prepare for dealing with PPD that will likely follow the birth of her child.

The PPSS supports women's choices for treatment. There are a variety of treatments a woman can follow, medication such as antidepressants (make sure your physician knows if you are breastfeeding), support groups, counselling, homeopathy or herb therapy, other forms of alternative medicine, or any combination of the above. Most women do use a combination of treatments and find many different ways to cope with their depression. Many women find different techniques that work well for them during different times.

The PPSS regularly holds "Partner Information Nights" which have been very successful as the society has worked very hard at making the participants (usually men) feel welcome.

These meetings are facilitated by men who have "been there" and handouts are provided with a half-hour film geared at familiarizing the men with PPD. Attendance at these meetings is kept confidential and only first names are used. Some of the men are there without knowledge (or permission) of the mother because she may be in denial about her condition. "Family Information Nights" are in the works.

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Last year the PPSS had 2,500 calls, 273 of which resulted in some kind of treatment. About 66 women joined support groups, showing that there's a very high rate of women resolving their PPD. If the facilitators feel that a woman is really "stuck" they will refer her to a professional who has some expertise in PPD, such as to the staff at the BC Women's Hospital's Department of Reproductive Psychiatry.

All of the programs the PPSS offers are constantly being evaluated by both users and regulators. There is a charge for using their services (\$60/month on a sliding scale) but no one is ever turned away because of the inability to pay. The PPSS is funded primarily by the provincial government and the City of Vancouver, with additional funding coming from corporate and private donations. They also raise money through client fees, book sales

(also available in French), and providing training for facilitators and volunteers in small communities throughout the province. They are always looking for donations and willing telephone volunteers; the only criteria is that you're a mom.

All of the staff at the PPSS are mothers who have experienced and resolved some form of postpartum adjustment. "It's really important for our clients to know that we have experienced these problems and have resolved them," says King. Facilitators are women who have been telephone volunteers for at least one year and have completed additional training in leading support groups, client intakes, and follow-ups. Training is provided by the PPSS and all of the facilitators receive ongoing training and peer evaluation.

The PPSS has published a book entitled *Postpartum: Depression and Anxiety: A Self Help Guide for Mothers*. This book explores the symptoms of PPD, explains to some extent why it occurs, discusses the myths of motherhood, and delivers very practical information on dealing with stress, anger or violent feelings. It also provides information on finding professional help and on making informed choices about medication. The book sells for \$10.00.

The PPSS phone line hours (604-255-7999) are Tuesday through Thursday from 10:30 am - 2:30 pm. If you suspect someone is suffering from PPD please call the society for more information. Confidentiality is guaranteed unless there is a concern for the safety of the mother or the baby.

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