



**Module 1, Lesson 4:**  
**Enhancing Effective Care**  
**Lesson Transcript**

## Introduction

Hi and welcome back to Module 1 lesson 4, the final lesson for this module, where we are going to bring together our knowledge about the described disorders, and focus on the key principles underlying effective provision of appropriate mental health care for women and their families within the perinatal period.

Every person has the right to healthcare that takes into account his or her individual, social and emotional situation, and the right to a respectful care, so in this module we are going to focus upon the way that we can go about providing safe, supportive care.

Here we will focus upon the five key principles of providing effective care, and these are:

Five principles of providing effective care:

- Establishing a therapeutic relationship
- Adopting a recovery-orientated approach
- Providing culturally relevant support and information, and
- Ensuring continuity of care or carer, where possible.

Another key principle of effective care is monitoring for emerging symptoms or stressors, and while we will note it here we will be focusing on this in great detail in Module 2.

But let's start with the very first principle of providing effective care, and that is establishing a therapeutic relationship, and how we go about this. But before we go there, I'd like to play you a short excerpt from a consumer, Elly, who talks about how hard it can be to disclose around perinatal mental health to the health professional.

### Video Presentation

*So I made appointments and then I would go in there. I'd be sitting in the waiting room and then I'd think, 'Oh God I'll have to come up with something else, I can't tell them', and I didn't want to walk out. You know, I don't like cancelling appointments on people, so I'd say, "I've got this you know tiny little dot on my leg". Twice I did that and a different problem each time and they were sort of like, "Oh yeah, okay", and give me something or tell me - recommend me something but I couldn't tell them either time.*

*Elly*

## Principle 1: Establishing a therapeutic relationship

### Understanding of common emotions versus mental health symptoms

Establishing and maintaining a strong therapeutic relationship with the woman, her partner and significant others is critical. Developing such relationship involves the development of trust, confidence, mutuality active listening and empowering the individuals in your care.

In order to be able to do this, a number of factors can help:

The first is having a ground level understanding of the normal range of emotions that may occur in the perinatal period, and being able to identify whether the symptoms that the woman is describing are likely to be transient, or possible signs of anxiety or depression. So this draws on the information provided in relation to the different disorders that we have covered so far in this module.

### **Allow adequate time to assess, listen and build trust and rapport.**

Allowing adequate time to assess, listen and build rapport is also important. Whilst in many health settings having the time can be a challenge, it is important to remember that if we are rushed in our approach, this is only likely to make the person feel that there is not the time or that this is the right environment for disclosure. Being open and giving permission to talk about concerns may assist the woman to feel comfortable.

Sometimes this might involve taking the time to acknowledge that this can be a difficult period, and ask them the question about how they are coping with the challenges. Providing this opportunity can make it a lot easier for the woman to disclose as it acknowledges her context and gives her permission to disclose any issues she may be having.

So, what other ways that we can build trust and rapport, and genuinely demonstrate to the person that we are focussed and interested in them?

In addition to allowing time to engage, our own presentation can communicate to the woman that we are focused and interested. This includes maintaining an open posture, having direct eye contact, asking open questions, and actively listening to what she has to say. This open approach to communication will help to build trust and rapport.

### **Misconceptions**

Ascertaining or addressing any misconceptions and providing information is also valuable.

### **Maintain a non-judgmental attitude, address stigma.**

We need to try and remember that in reality your contact with the person may be one of the few valuable opportunities that she has to discuss her feelings or current concerns and provide timely and accurate information.

We also know that there is a lack of understanding about symptoms and there are many, many misconceptions out there surrounding pregnancy and expectations parenthood, and if not addressed this can contribute to feelings of depression stress and anxiety. As we have also seen from our first lesson, stigma is so common. As a result women are very sensitive to how they may be viewed or judged by not only by peers, but also health professionals.

So, maintaining a non-judgmental attitude is vital, and we need to be mindful of this stigma that currently exists. Women are likely to be very sensitive to this as we saw in the case of Elly and also some of the women in lesson one who talked about the impact of shame and stigma on help-seeking.

### **Assess support systems**

Finally, it is important to consider the woman's support systems, including the attitudes of others and availability of supports.

Some of the tools that COPE provides can certainly assist you in maximising the valuable window of time that you have with the woman, and providing her with quality information that can support you to

address any misconceptions that she may have, and ensure that she has quality information, and is not the only one who may be feeling the way that she does.

Also as the Ready to COPE Guide outlined in Lesson 1 maintains contact with the woman throughout pregnancy and the postnatal period, this provides us with an invaluable opportunity to stay engaged with her, and drip feed relevant information and reinforce key messages about emotional and mental health.

Let's now take a look at the second key aspect of enabling effective care – and that is care provision.

## Principle 2: Care Provision

Helping a woman in need of support or mental health treatment can involve open discussion about working together to support her to get the help and support that she needs. This may include for example, setting goals that you both agree upon, and looking at what role you can play to assist her to reach these goals. In some instances, this may involve simply listening to her, informing and helping her to access more information or support services, in other cases it may involve making a referral or developing a mental health plan.

It's important to acknowledge and reinforce the woman's role in caring for her baby in a non-judgmental manner, and foster hope and optimism about treatment.<sup>1</sup>

When it comes to providing care, adopting a recovery-oriented approach is likely to be most helpful and supportive to the woman.

This involves the following.

### A recovery-oriented approach

First, we need to consider the individual's uniqueness. This is about focusing on the personal outcomes for the woman, in order to improve their quality of life.

Second, we need to present real choices – what real options are there and how can we support the client in their decision-making about their treatment and recovery.

Third, Listening to their attitudes and acting upon their communication with you serves to promote and protect their rights.

Fourth, dignity and respect includes respecting the client's values, beliefs and culture and always maintaining a courteous, respectful and honest approach.

Working in partnership to support women and their carers includes open and clear communication, and working together in a positive and realistic ways to attain their goals.

Finally evaluating recovery can involve working with your client to not only set her goals, but also take an active role in monitoring her recovery.

On reviewing these principles of recovery-oriented mental health care, you can see that they essentially focus upon validating the individual, their rights and choices in their care, whilst treating them with dignity and respect in supporting them towards recovery.

### Trauma informed care

The second aspect of care provision pertains to trauma informed care. As we will cover in Module two, those particularly at risk of mental health problems are survivors of trauma. So it's important to be mindful of the impact this may have and our approach to care.

Trauma informed care guides us to consider the impact of trauma and create opportunities for survivors to rebuild a sense of control and empowerment. This is supported by the following principles of trauma-informed care.<sup>2</sup>

Take a moment to review these principles

Trauma-informed care:

- Ensure physical and emotional safety
- Maximise trustworthiness through task clarity, consistency and interpersonal boundaries
- Maximise consumer choice and control
- Maximise collaboration and sharing of power
- Prioritise empowerment and skill-building

Trauma-informed care involves understanding and responding to, the impact of trauma. There is an emphasis on physical, psychological and emotional safety for both providers and survivors. It is through such strategies that we can create opportunities for survivors to rebuild a sense of control and empowerment.

So, what might this look like in a clinical setting?

It can involve providing a warm environment where you explain what and why you are asking certain questions or performing routine activities.

It could involve providing an explanation about why tests are done or why questions are asked, as well as reassuring the woman of how the information is used, and the choices she has. These approaches help to create an open, supportive environment, which can ultimately empower the woman in her choices and the care that she receives.

This information is particularly important for those of you who may be working with Aboriginal and Torres Strait Islander women, or women and families from refugee backgrounds who are more likely be survivors of trauma.

Let's move now to the third principle of effective provision of mental health care - providing support and information.

## Principle 3: Support and Information

Having access to quality information is vital. We know that many women, partly because of shame and stigma, turn to the Internet for information - as in the case of Anna.

### Audio Presentation

*"Yeah it's interesting. I have relied on Doctor Google, as I call it. So my own internet research, to actually gain a better understanding of my diagnoses because there's very little information given.*

*What I've found is that I've been given the checklist of symptoms, but what it actually means for me and what it means in terms of treatment, and what it means in terms of prognosis, all of that hasn't been given to me. And I've had to source out that information myself. I've relied extremely heavily on the Internet, and I'm grateful that it's there because otherwise I really would know nothing."*

Ann

Whilst there can be good information on the Internet, we also know that there is a lot of misinformation, so your role in being proactive about mental health and providing quality information is vital.

Opening into a discussion about mental health disorders doesn't have to be awkward or difficult, and does get easier with time and experience.

Perhaps the most important aspects to communicate with the woman in your care is that mental health conditions **do commonly occur** and that **there are treatments available**.

Communicating that the **sooner they have their condition assessed and treated**, the **sooner they will be able to recover**. This will give them greater ability to manage the demands that can come with having a baby.

## Consumer rights in healthcare

When providing information and support, remember that in any health interaction, a woman has the right to the following:<sup>3</sup>

- She has the right to determine what treatment she accepts or chooses not to accept
- She has the right to be given easily understandable explanations in her first language about her specific health problem, proposed treatments and the results of any tests performed
- She has the right to have access to all health information about herself and her baby
- She has the right to be treated with respect and dignity and know that, in the majority of cases, her health information will be kept confidential.

This partnership between you and the woman is about communicating and collaborating – as a team, to help her to understand and get the help that she needs. This is an ongoing process.

The woman has choices, and those of her partner are an important part of this process – so try not to ignore or dismiss their views, but rather make sure they has access to quality information to enable this to be an informed choice.

Consistency of information is also vital. There is nothing worse than receiving conflicting advice, which is confusing and can lead to a lack of confidence in treatment providers or the different types of treatments. And that is what these Guidelines are here for, to provide you and those in your care with best practice advice and guidance.

## Cultural safety

You may also have heard of the term 'cultural safety'.

This approach considers the dynamic nature of culture and the diversity within groups, avoids stereotyping, and identifies the needs of the individual receiving care.

To ensure you are providing a culturally safe approach this may include using strategies such as:

- Optimising communication – such as through the use of accredited interpreters, and/or the provision of information about their condition in their own language – and will talk a little more about how we can efficiently do this in Module two when discussing Psychosocial Risk Assessment and Screening.
- Building sound relationships and acknowledging women's cultural preferences is also important in the provision of culturally safe care.<sup>4</sup>
- Finally, reflecting upon, and analysing how power relationships and history have affected the health of individuals can also be important considerations.<sup>5</sup> And once again these elements are of particular importance when working with Aboriginal and Torres Strait Islander and some CALD population groups.

In addition to the cultural background and needs of women in your care, we also need to be mindful of those who may have low health literacy – as they may have a lack of basic health information to help inform their decision-making. Here employing specialised bicultural workers or aboriginal health workers to assist in communication and brokering trust relationships with health professionals providing care, can be a very helpful approach.

And let's move now briefly to the fourth element in enhancing effective care – and that is continuity of care.

## Principle 4: Continuity of care

Just like there is nothing worse than receiving conflicting advice from health professionals to undermine our confidence, similarly being referred to different health professionals or services that are not providing continuity of care is unhelpful and can be detrimental to the woman's mental health, particularly in the perinatal period when she may already be feeling vulnerable.

Here is an example of one woman's experience where there was clearly a lack of continuity of care. Beth lived in a rural town and talks about the impact of a lack of continuity of care – and the impact this can have.

### Video Presentation

*I didn't have a midwife. There was no continuity of care at the birth centre that I went to. I found it quite - having no idea about having a baby or even having really thought much about it, I found it really intimidating being six weeks pregnant and just calling a few different birth centres I suppose. And people, they were just like, "Well, you've just got to book in now". And I was thinking, 'But it's nine months away. I don't even, book in for what?' It was very difficult. I found it hard.*

*But I was lucky and I found a general practitioner who was sort of local and she was also, she'd done obstetrician training. It was interesting because as my pregnancy progressed, or my research progressed, and I sort of was quite apart from her, she was very hard science, and I was a bit more hippie, I think. And so with my final appointment with her, she said, "So come in on the 9th January, if nothing's happened, and we might do a sweep or something, and think about some sort of induction". And I just looked at her and went, "Oh, right", and I just nodded and smiled, and thought, 'That's just never going to happen'.*

*And when I rang to book my birth into the birth centre where my first baby had been born, they said, "No the catchment region has changed. You have to go somewhere else". And the somewhere else was somewhere I really didn't want to go. They didn't have a birth centre. They just had a maternity ward. I don't think they had any continuity of care, which the birth centre where my first baby had been born had just introduced. So you got to see the same midwife throughout your whole pregnancy, whereas in my first pregnancy, I just saw whoever was there, and also did shared care with my GP. So I made a big fuss, and did a lot of harassing via phone and email, and made a really big annoyance of myself, and in the end, they just went, "Okay. Okay, just go away, and you can have your baby where you had her before". And I said, "Good".*

Beth

Although this is an example pertaining to continuity of care for her birth, it does depict the confusion and complexities that a woman may face. And this is also of course very important when we are talking about mental health care, where the woman may be even less confident or assertive.

So what is continuity of care exactly?

Continuity of care refers to a shared understanding of care pathways by all providers involved in the woman's care.

The aim of providing continuity of care is to reduce fragmentation and conflicting advice.

Factors that may improve continuity of care include sharing of information (such as through documenting all assessments), collaborative development of management plans, developing linkages and networks and adapting successful approaches to care (for example, case conferencing and shared care approaches).

A sample of a Collaborative Management Plan is attached to this lesson and we will come back to this in Module 3 when we discuss referral and treatment.

We have some exciting new developments to support continuity of care coming up.

But first let's just to recap on the key elements of enhancing care outline so far in this lesson.

## Lesson Recap

We have establishing a therapeutic relationship – this includes ground level understanding of the normal range of emotions versus mental health symptoms, allowing adequate time to assess, listen and build rapport, addressing any misconceptions and providing information.

The second principle was adopting a recovery-oriented approach to care. This highlighted the need to consider the individual, their uniqueness, their rights to information, healthcare and their involvement in their recovery process

Providing culturally relevant support and information was the third principle. Here we considered the individual's rights in healthcare, and the need to provide easily understandable information in their own language

The final element discussed was ensuring continuity of care or carer, where possible – this is achieved through having a knowledge of shared pathways and communication by health providers who may be involved in care.

Remember, the therapeutic relationship, provision of timely, quality information and being aware of and building referral pathways are all fundamental parts of enabling effective care.

Taking the time to build trust, rapport and work together to identify and support a woman and her family in assessing and accessing the treatment and reaching her goals is fundamental for her, her developing baby and her family.

That's it for this lesson, I hope you have found the information and resources useful. Don't forget to complete the evaluation attached to this module and access the resources.

I'll see you in the next module – Module 2 where we will focus on the nuts and bolts around screening and assessment.

Bye for now.

## References

1. Megnin-Viggars O, Symington I, Howard LM, Pilling S. Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research. *Arch Womens Ment Health*. 2015; 18(6): 745–59.
2. Kezelman CA, Stavropoulos PA. *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. Sydney: Blue Knot Foundation; 2012.
3. CHF. *Charter of Health Consumer Rights — A Summary of Your Health Rights and Responsibilities*. Canberra: Consumers Health Forum of Australia; 2004.
4. Phiri J, Dietsch E, Bonner A (2010) Cultural safety and its importance for Australian midwifery practice. *Collegian* 17(3): 105–11.
5. Kruske S, Kildea , S Barclay (2006) Cultural safety and maternity care for Aboriginal and Torres Strait Islander Australians. *Women and Birth* 19 (3) Sep 2006, 73-77.