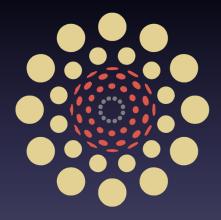
Maternal Mental Wellness

Overcoming Mental Illness & Creating Mental Health



CHRISTINA G. HIBBERT, PSY.D.

WWW.DRCHRISTINAHIBBERT.COM

* Facebook.com/drchibbert * Twitter @DrCHibbert * Instagram drchristi_hibbert * ©2015, Hibbert

The childbearing years are a vulnerable time for mental illness. Depression, anxiety, and low self-esteem, among others, are all too common in motherhood, and untreated, these can seriously impact the emotional and cognitive development of the child. Dr. Christina Hibbert will address the most common mental illnesses mothers face today, explaining how the three components of women's mental health—the brain, hormones, and life experiences—interplay across the lifespan to create either illness or wellness. Dr. Hibbert will also share specific strategies to help mothers overcome mental illness, to become mentally healthy and strong, and to eventually *flourish*. Whether you are a mother, are working with a mother, or *have* a mother (yes, that's everyone), this presentation will show *you* how to overcome, become, and flourish, too!



"When I was a little girl living in my second foster home; a couple thousand miles away from my family, I silently made a secret promise to my Cabbage Patch Doll. I promised her that I would someday be the world's greatest mom. With a heavy heart at eight years old, I told her that when I grew up and had a baby of my own I would make sure that no one would ever hurt her or take her away from me. I never wanted my children to ever feel the way I felt in that very moment. Little did I know, in spite of the promises made with the honest heart of a child, my daughter would in fact endure something much worse."

~Hope King

Naomi





Jody



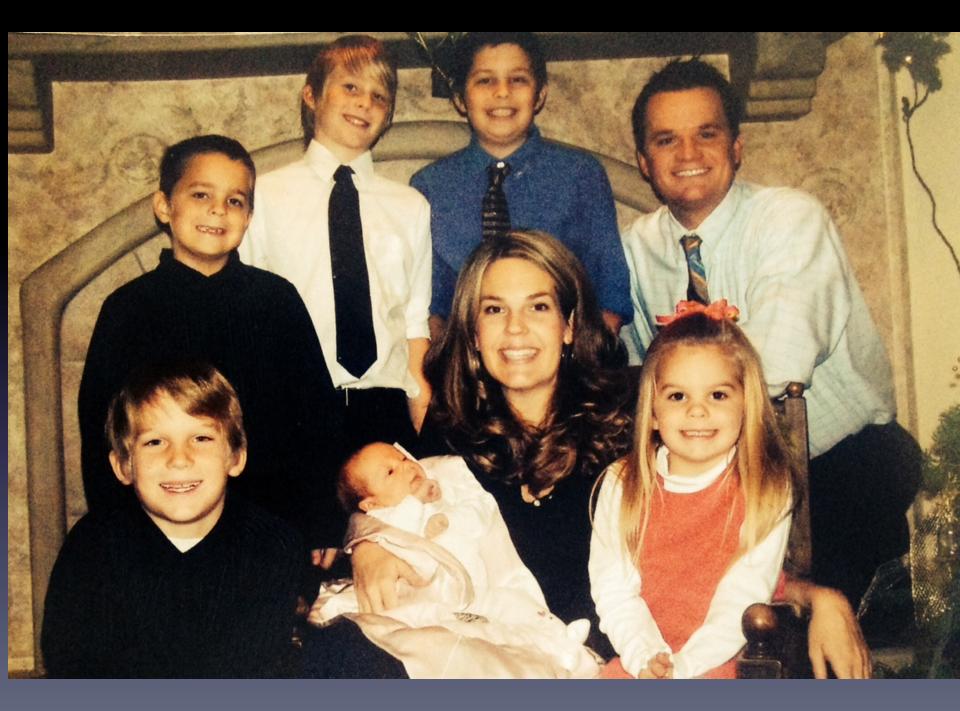


Shannon (& Rob)











This is How We Grow

"One of the most common questions I hear is, 'Why?'...The question I find more helpful is 'How?' 'How do I carry on?' 'How do I do what I'm being asked to do?' 'How do I learn from this?'...Asking 'how,' listening, & then living the answers is the path of patience, learning, & growth. Patiently we listen, willingly, we learn, & bit-by-bit we become the how's that we live... Lovingly, we rise from the fall as we stand, plant our feet, ask how, & get to work. This is *how* we learn; this is *how* we grow." (p. 32)

Maternal Mental Wellness

- 1. Understand what we can. (What? Why?)
- 2. Ask, "How" and get to work. (What can we do?

 How do we do it?)





Introduction to Women's Mental Wellness



Women's Emotions Across the Lifespan: Hormones, the Brain, & Mental Health www.DrChristinaHibbert.com/products/webinars/

Female Emotional Health

Life Experiences +

Brain Chemistry +

Hormones

Life Experiences

Stress

- Women more likely to have physical and psychological symptoms of stress
- Women more likely to experience co-occurring mental health issues and substance abuse



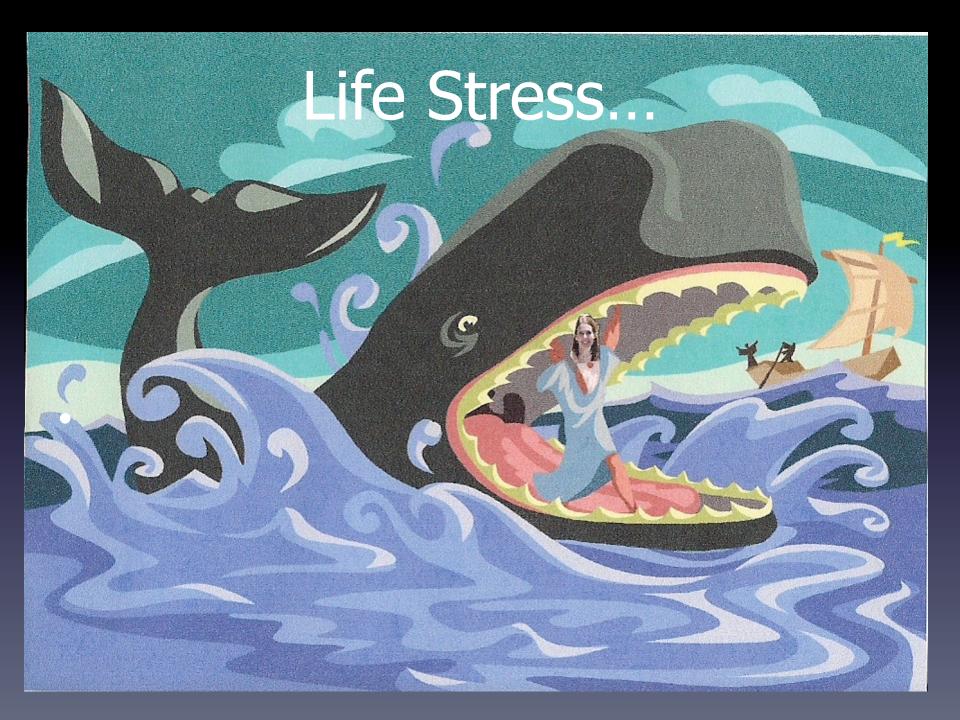
Women & Caregiving

- Women are primary caregivers
- CG can take enormous toll
 - Higher rates of MDD, Anx, other MI
 - Women experience more psychiatric problems than male CGs
 - Women feel greater hostility/ less happiness after becoming CGs (APA, 2009)

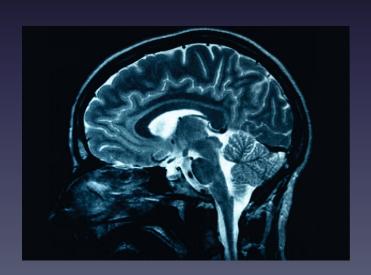
Domestic Violence

- 52% of women will be physically assaulted in their lifetime
- 17% will be victim of attempted/completed rape
- 8% will be stalked
- 64% who report rape, assault, stalking since 18 yrs were victimized by boyfriend, husband, partner or date
- There is a strong connection between DV and mental illness in women

(APA, 2009)

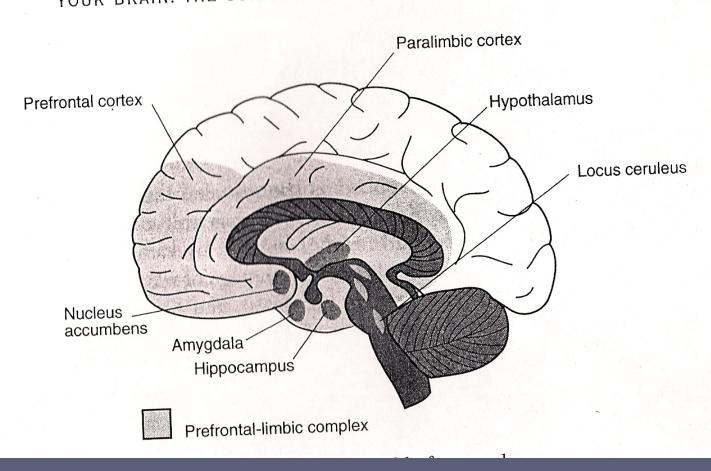


Understanding the Female Brain



The Brain: (Sichel & Driscoll)

YOUR BRAIN: THE CORNERSTONE OF YOUR EMOTIONAL HEALTH 45



Seesaw Analogy

- "Brain Strain", due stress, anxiety, worry, trauma, etc., may manifest in symptoms like headache, fatigue, feeling overwhelmed. This leads to "allostatic loading" of the brain.
- Imagine a seesaw:
- Similarly, our brains
 become overloaded.



The Point:

"Life has a biological impact on your brain!"

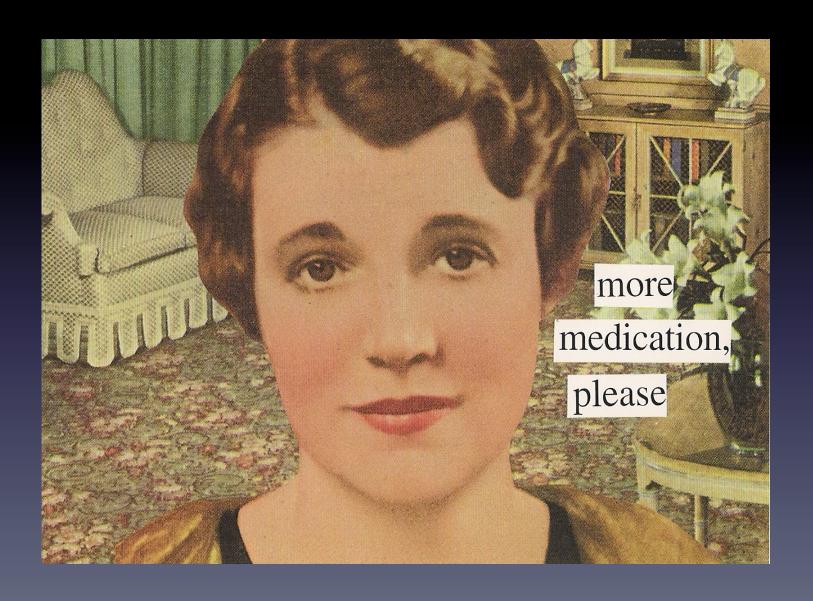
Stress in life=

"a chemically-altered brain in adult years"

"at risk for mood and anxiety problems throughout your reproductive life."

Sichel & Driscoll, p. 55

HORMONES!



Understanding Mood Pathways

48 A NEW WAY TO UNDERSTAND YOUR EMOTIONAL WELL-BEING

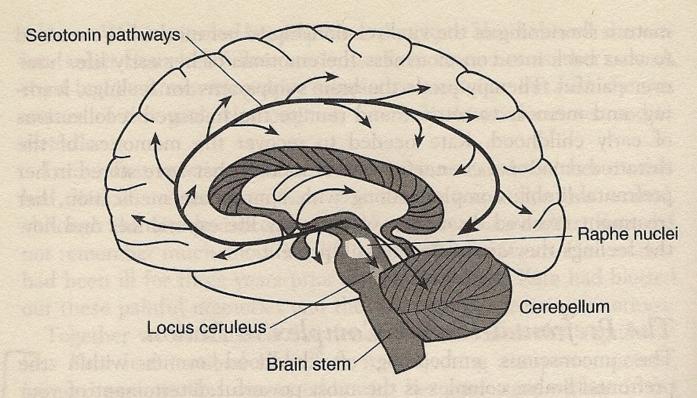


Illustration 3. The serotonin pathways

Menstrual Hormones and Mood

- *Estrogen* affects: positive moods, thinking, perception, motivation, memory, appetite, sex drive, anxiety and stress response
- *Endorphins* affect: appetite, thirst, sex drive, breathing rate, learning, memory, regulation of pain
- *Testosterone* affects: limbic brain, including libido
- *Progesterone*: decreases number of available estrogen receptors; may dismantle nerve connections estrogen has set up in the beginning of cycle

Hormones and Mood

- 50% of women on birth control experience depression
- Oral contraceptives can prompt anxiety and worsen depression in women who are vulnerable
- Women with PMS often have PMAD's
- Menopause can be preceded by mood/anxiety disorders
- Menopause is often associated with first onset of depr/ anxiety, due to decrease in estrogen

The Good News

- Hormones also give us "positives"
- Our bodies are set up to help us care for others and ourselves
- Emotional struggles= opportunity to make change and care for ourselves
- It is up to us to "heed the call"!



The Earthquake Metaphor

Earthquake Assessment Chart

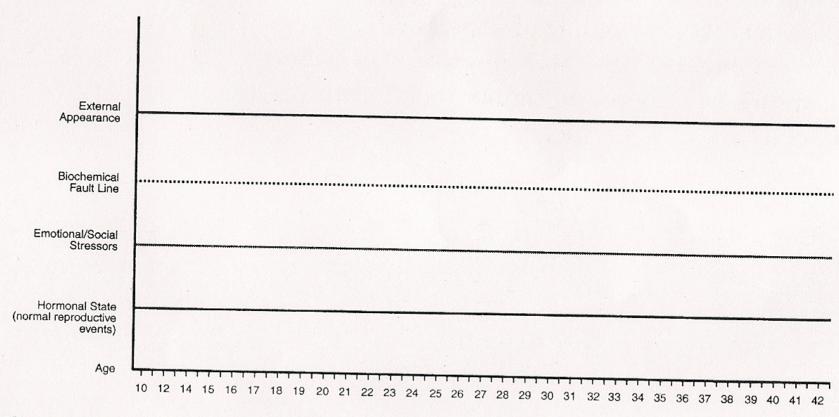


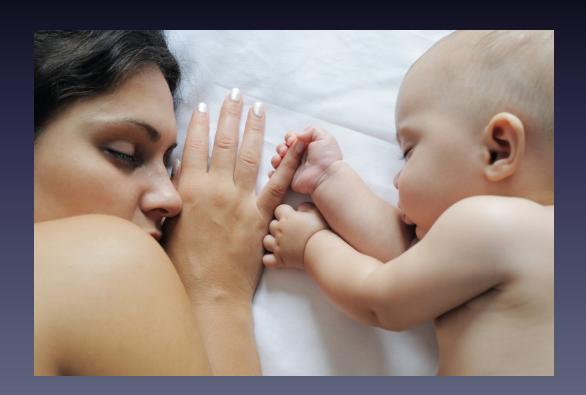
Illustration 7. The Earthquake-Assessment Chart

The Point:

- 1) Women are unique
- 2) Women's mental health needs are not only unique but can be complex
 - 3) Women need to take into account the "whole" picture
 - 4) Life experiences + brain chemistry + hormones can create mental health or lead to mental illness



Overcoming Maternal Mental Illness



Depression in Women

- ■Lifetime 21% women vs. 13% men
- Rate rises rapidly after puberty in girls
- ■Increased prevalence during reproductive years
- ■Increased risk of recurrence of depression in women 45-54 years old (perimenopause)
- ■Rates decrease after menopause.



Depression

- Women are 2ce as likely as men to suffer from depression (APA, 2009) (Mental Health America, 2010)
- 1 in 5 will experience Major Depression in lifetime
 - One theory why this is so is because they tend to think about
 problems in a way that "amplifies" depression: Men tend to act;
 Women tend to reflect and ruminate. (Seligman, 1990)
 - Another theory is that women learn more helplessness and pessimism from life, leading to higher rates of depression (Seligman, 1990)

Anxiety

- Women more likely than men to experience anxiety disorder
- 1 in 3 women= lifetime prevalence/ women
- Panic = women are 2ce as likely
- PTSD, GAD, Agoraphobia, Specific Phobia all affect women at higher rates than men
- Women may express via physical symptoms (headaches, lightheaded, muscle tension, etc)
- May not seek help, thinking it's "normal"

(APA, 2009)

Bipolar Disorders

- Bipolar 1 (1.9%, equal in men & women)
- Bipolar II (3.7-6.4%; more common in women, along w/ bipolar depression, mixed episodes & rapid cycling
- Hormones & menstrual cycle changes impact course
- Average onset=21; Late onset greater w/women (45-49)
- Women experience greater delays in treatment, due to failure to diagnosis (ll yrs vs. 7 for men)

PMS & PMDD

- 20-40% of women diagnosed with Premenstrual Syndrome (PMS)
 - 60% suffer
- 5% of women are diagnosed with Premenstrual Dysphoric Disorder (PMDD)
- Many women have no symptoms until 30's-40's

Infertility

- Approx. 15% of US couples experience trouble conceiving
- Research has shown:
 - Compared to control group, women undergoing IVF :
 - More Depressed
 - Lower Self-Esteem
 - Less Confident

(Pearson & Nonacs, 2008)

(Sichel & Driscoll, 1999)



Childbearing and Mood Disorders

- 75 80% of women experience emotional changes following childbirth.
- 10-20% will experience a Perinatal Mood Disorder.



• Because of the high incidence rates, Pregnancy/ Postpartum Mood/Anxiety Disorders have been called "the most common complication associated with childbirth"

Perinatal Mood & Anxiety Disorders

Includes Pregnancy & Postpartum:

- Depression (10%; 15-20%)
- Anxiety (6%; 10%)
- OCD (3-5%)
- Panic Disorder (10%)
- Postpartum PTSD (1-6%)
- Postpartum Psychosis (.1%)



APWC 2-Day 'Evaluation & Treatment of PMADs" Jan 28-29, 2016

Perimenopause & Menopause

- Most common symptoms of PM:
 - Irritability, insomnia & depressed mood
 - Anxiety
- Physical Symptoms of PM/ M:
 - Hot flashes/ night sweats
 - Vagina/ Urinary tract problems
 - Bone Health diminishes (most rapid bone loss)
 - Heart Disease (rates rise rapidly after M)
 - Skin (lose elasticity= wrinkles)

Perimenopause & Mood

- Another vulnerable time for depression, anxiety, mental illness
- Some believe PMDD accounts for mood symptoms in 40's; it is most likely due to PM
- Strong link between PM & memory problems
 - "fuzzy thinking'; forgetting; recall problems
- Reaffirm you are not "going crazy"

Suicide and Women

- Women attempt 2-3 x's more than men
 - 4 x's more men Die from suicide
- Suicide is the 4th leading cause of death with girls and women ages 15-24
- It is the 6th leading cause of death in 10-14 year-olds!
- More than 6,000 women die each year from suicide

(APA, 2009)

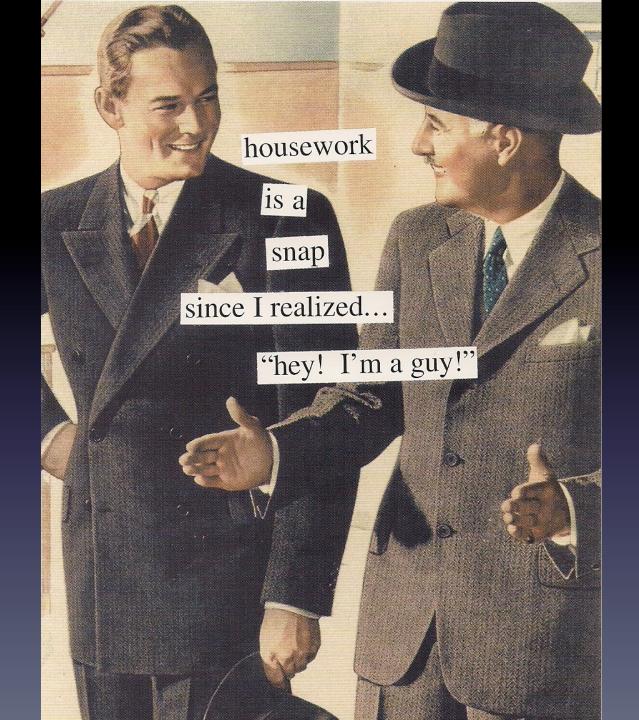
Issues In Motherhood



Issues in Childbearing Years

Life stress

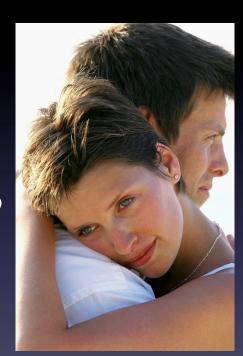
- Financial stress
- Single parenthood
- Parenting challenges
- Relationship stress
- Divorce/relationship loss



Relationships & Hormones

• Relationship Struggles:

"Every marriage, even a very good one, must undergo change in order to keep up with the hormone-driven rewiring of a woman's brain during the years leading up to and including menopause.... You and your significant other must be willing to take the time, and spend the energy, to resolve old issues and set up ground rules for the years that lie ahead.

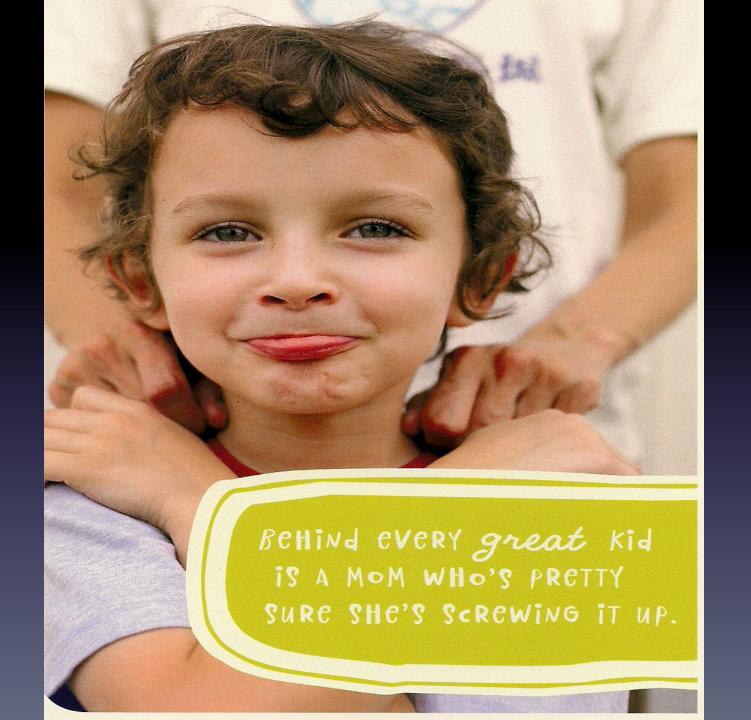


Christiane Northrup, The Wisdom of Menopause, p. 10

Issues in Childbearing Years

- Struggle w/ Self-Care
- Identity
- Role changes
- Relationships
- Self-esteem/Self-Worth
- Career/work/staying home
- Loss/grief





This is How We Grow...

p.159-60





Creating Maternal Mental Health



"Ask 'how?' then get to work."

1. Awareness

- 1. Recognize our struggles are universal
- 2. Safe to talk about it
- 3. Reduce stigma

2. Education

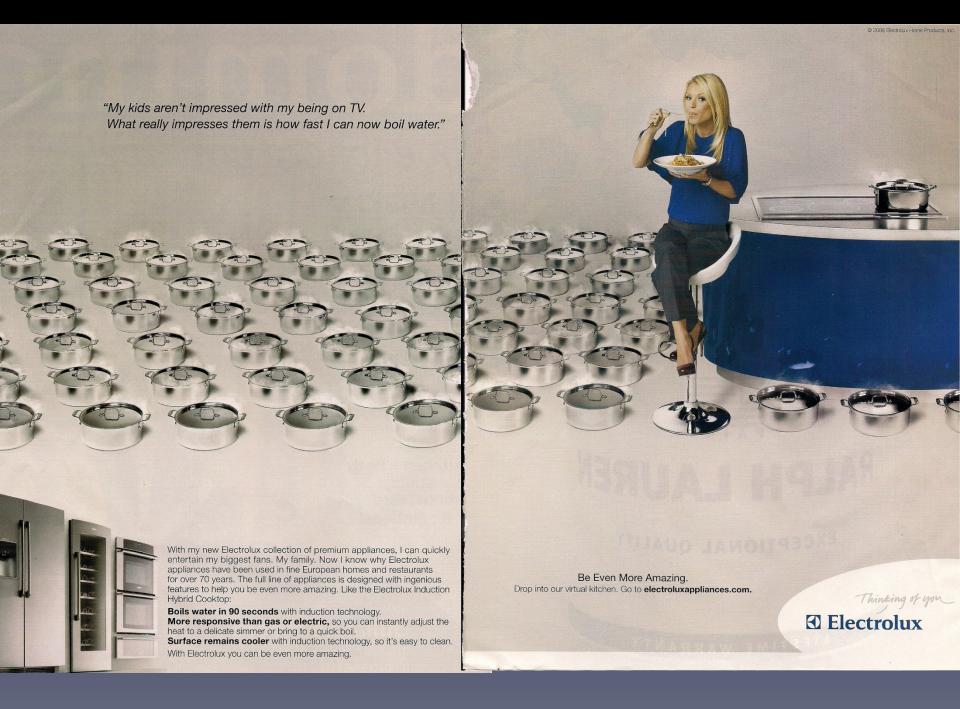
1. Good, solid information about our brains, bodies, emotions, spirit, etc. And resources!

3) Support

Family, friends, other mothers, professionals, home visitors!, faith community, books, "Motherhood" radio & FB group!

4) Professional help

Psychotherapy, medication, alternative methods. *Help them find the right help.*

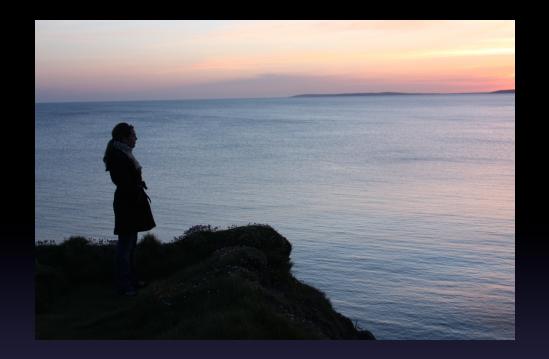


Perfectionism, "Superwoman", & "Balance"

- Perfectionism
 - Illness; Pursuit of the myth
- "Superwoman Syndrome"
 - Need to take care of everyone
 - Take on too many commitments
 - Difficulty saying "no"
 - Feel guilty when saying "no"
- "Balance"
 - Career, Family, Spouse, Friends



Self-Care



- Oxygen Mask
- Self-Care is a Strength
 - Involves: Physical, Mental, Emotional, Spiritual, Social, Intellectual Care
- Put self on list- Allow time for self
- Identify priorities- Can you do any of these if you are not healthy?

Have You Cared for Your Brain Today?

NURSE

Program

Creating Mental Health NURSE:

N= Nourishment & Needs

U= Understanding

R= Rest & Relaxation

S= Spirituality

E= Exercise

-From "Women's Moods: What every woman must know about hormones, the brain, and emotional health." Sichel, D. & Driscoll, J.W.

Self-Esteem & Self-Worth

- The myth of Self-Esteem
- The Truth of Self-Worth
- The Pyramid of Self-Worth
 - Self-Awareness
 - Self-Acceptance
 - Self-Love
 - (Who Am I Without You?, 2015)



New Wisdom

- Focus on creating Mental & Spiritual Wellness/Health
- Spiritual Connection is the foundation
- View of complex emotions as "a gift" telling us what we need
- "Dark times" can be seen as the body's way to go internal, go deeper, and take stock of our lives (menstrual cycle, seasons)
- From suffering to Flourishing!

She not only Saw a light at the end of the tunnel, The became that light for others.

Let's Connect!

- www.DrChristinaHibbert.com
 - Facebook.com/drchibbert
 - Pinterest.com/drchibbert
 - Instagram.com/drchristi_hibbert
 - Twitter.com/DrCHibbert
- Join me for "Motherhood" Radio! on <u>www.WebTalkRadio.net</u>
- Get my FREE 30-Day "This is How We Grow" Personal Growth Plan, and/or Join my FREE, online Personal Growth Group!!

(details on the sidebar of my website homepage)

References

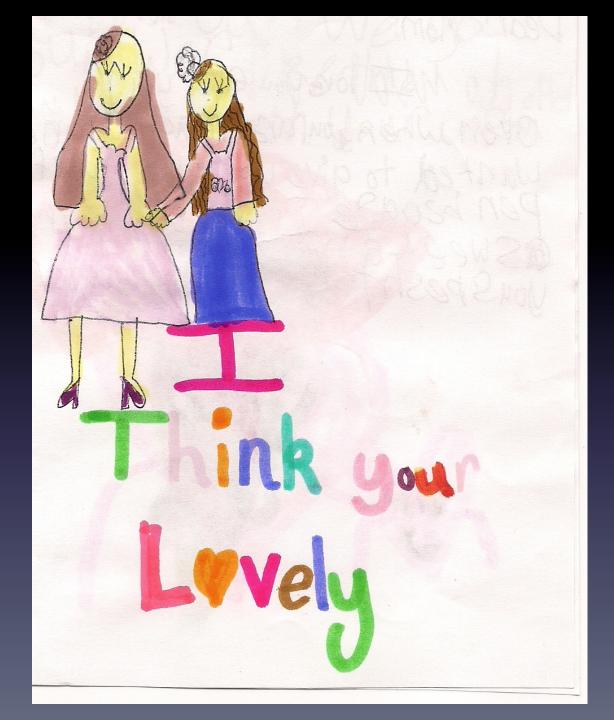
- Abedin, S., (2008). "New report underscores women's mental illness concerns." CNN.com.
- Alzheimer's Association, website, (2010). 2010 Alzheimer's Disease Facts and Figures. www.alz.org. Pages viewed 9-1-10.
- American Academy of Child & Adolescent Psychiatry, website (2008). The Depressed Child. www.aacap.org. Pages viewed 4/9/10.
- American Pregnancy Association, *website*. <u>www.americanpregnancy.org</u>, 2010. Pages viewed on 3/23/10.
- American Psychiatric Association. (2009). Women's Mental Health Issue Paper.
- American Psychological Association. (2007). Report of the APA task force on the sexualization of girls.
- ASK (Adolescent Substance Abuse Knowledge Base), 2007, website. www.adolescent-substance-abuse.com. Page viewed 4/7/10.
- Brizendine, L. (2006). The Female Brain. Broadway Books; New York, NY.
- Broderick, C. (2008). The Uses of Adversity. Salt Lake City, UT: Deserte Book.
- Kendell, Chalmers et al. (1987). "Epidemiology of puerperal psychosis". British Journal of Psychiatry, 150: 662-573.
- Lesser, E. (2005). Broken Open: How difficult times can help us grow. Villard Books: New York, NY.
- Mental Health America, website. <u>www.mentalhealthamerica.net</u>, 2010. "Fact Sheet: Depression in women". Pages viewed on 2/21/10.

References

- Mumme, D.L., A. Fernald, et al. (1996). "Infants' responses to facial and vocal emotional signals in a social referencing paradigm." *Child Dev* 67 (6): 3219-37.
- Pearson, K. & Nonacs, R. (2008). "Impact of fertility treatment on risk for depression and anxiety". MGH Center for women's mental health, website: www.womensmentalhealth.org.
- Seligman, M. (1990). Learned Optimism: How to change your mind and your life. Vintage Books: New York, NY.
- Sichel, D. & Driscoll, J.W. (1999). Women's Moods: What every woman must know about hormones, the brain, and emotional health. Harper Collins, New York, NY.
- Surgeon General's Workshop on Women's Mental Health, 2005.
- US Dept. of Health and Human Services: Office of Women's Mental Health. (2008). "Action Steps for Improving Women's Mental Health."
- US Dept. of Health and Human Services: Office of Women's Mental Health. (2008 b). "Women's Mental Health: What it means to you."
- Wilcox et. Al, 2003. "The effects of widowhood on physical and mental health, health behavior, and health outcomes: The Women's Health Initiative." *Health Psychology*, 22,5, p. 513-522.
- World Health Organization, 2000. "Women's Mental Health".



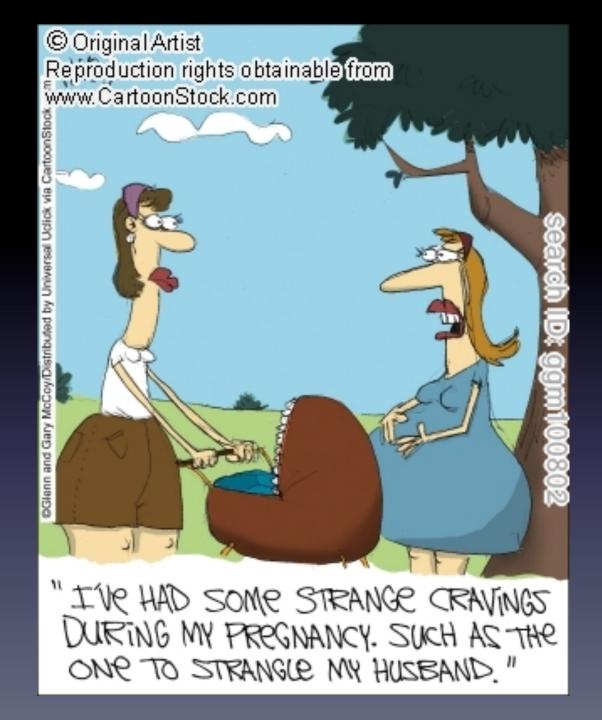










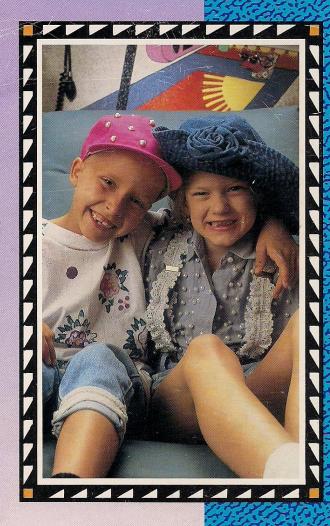




Kathy's hot flashes were becoming severe.







CHILDREN'S CANCER CENTER

Major Depression

- Involves a continuing downward spiral
- Involves changes in bodily functions
 - Appetite, sleep-wake, energy level, sex drive,
 concentration
- May be related to changes in seasons (SAD)
 - Sleep/wake cycles more sensitive to light/dark
 - Melatonin (sleep hormone) may be linked

Panic Disorder

- Panic attacks may seem sporadic
- Some experience smaller "attacks" with less than four symptoms present but then will have a major attack
- Physicians often miss this disorder, due to physical symptoms
 - May be labeled "hypochondriacs"

Obsessive Compulsive Disorder (OCD)

- Many suffer, though few seek treatment
- Usually diagnosed in young adults
- Includes recurrent obsessions (persistent, intrusive thoughts/ images that cause distress/anxiety) and compulsions (repetitive behaviors to reduce anxiety)
- Typical obsessions: fear of illness/germs, safety issues (leaving gas on, leaving door unlocked), having personal effects out of order, etc.
- Typical compulsions: checking appliances/locks, washing hands, cleaning, counting, needing assurances, repetitive actions, putting objects in a "preordained" order

Dysthymia

- Minor Depression
- Describe selves as "feeling low", "down", or "unhappy"
- Loss of enjoyment in life
- Extreme fatigue
- May feel "This is just the way I am"
- May experience worsening of symptoms premenstrually
 - More likely to identify PMS as culprit than their chronic "depressed"
 state

Dysthymia

• DSM-IV:

- Chronically depressed mood, occurring some days of the week for months or years
- At least two of the following are present:
 - Change in appetite
 - Low self-esteem
 - Low energy
 - Poor concentration
 - Difficulty making decisions
 - Changes in sleep
 - Self-criticism
 - Hopelessness

Bipolar I Disorder

- Often starts in adolescence or early adulthood
- Characterized by marked changes in mood
- Includes at least one manic episode:
 - Enormous energy; elated mood; "conquer the world"; grandiosity;
 - Little need for sleep; nonstop, rapid talking; nonstop activity;
 - Racing thoughts/ideas; delusions; hallucinations; paranoia/ fearful thoughts; poor judgment
 - Reckless behaviors: promiscuity, shopping, illegal behavior

Bipolar I Disorder

- Episodes of severe depression
 - Withdrawl, isolation
 - Unable to get out of bed, everything "black"
 - No hope, no self-worth
- Significant risk for suicidal behavior
- Extreme risk for mental illness in pregnancy/ postpartum (consider a "high risk" patient)

Lack of Social Support

• "Failure to receive adequate social support may lead to postpartum depression." (Beck, 1996)

• "Lack of a match between support needed or desired and support received is particularly problematic." (Logsdon 1994)

The PSI Motto: Mothering the Mother

• Every mother needs a mother

• If a mother is not well, her family is not well

• Mothers deserve care and are worthy of being the focus of society's attention

The PSI Universal Message: A Three Part Message

1. You are not alone.

2. You are not to blame.

3. You will be well.

Your experience is real and there is help.