clinicalissues

'Precovery': a proactive version of recovery in perinatal mental health

BY **PAUL MCNAMARA** AND **DR KAY MCCAULEY**

In Australia, one in 10 pregnant women and one in six new mothers will experience depression, anxiety or both (Austin et al 2011). Can we combine ideas borrowed from psychiatry and physiotherapy to assist midwives and nurses to incorporate perinatal mental health into everyday practice?

Recovery

In recent years mental health services have been encouraged to adopt 'the recovery model'. This is a move away from seeking to 'fix' the individual experiencing mental health difficulties. Instead, recovery supports the individual on their journey, with an emphasis on hope and autonomy. The individual is supported to engage in an active life, one with purpose and meaning, and thereby acquire and sustain a more positive sense of self. The recovery model assumes existing psychiatric disability and/or psychopathology, whereas in perinatal mental health the focus is on early intervention. We want to avoid the level of acuity or chronicity that the recovery model caters for, but keep the core values of recovery, especially respect for the individual's dignity and uniqueness.

Prehab

'Prehab' (aka 'prehabilitation') is a model used in physiotherapy. Prehab is where the patient is taught and practises the skills and exercises required for postoperative recovery *before* the operation. Practising exercises and the use of mobility aids is easier if there are no wound drains, dressings and other postoperative impediments. By using the preoperative phase to learn skills required in the postoperative phase, prehab aims to prevent problems developing and/or fast-track recovery.

Precovery

'Precovery' combines the ideas of mental health recovery and physiotherapy prehab as a model to articulate an empowering, early intervention/prevention approach to perinatal mental health. Precovery aims to promote the acquisition of information, supports and skills for all women in the perinatal period *before* symptoms of depression and anxiety arise, thereby building the individual's resilience and help-giving capacity.

Precovery principles

Create or reinforce support networks

Antenatal and parenting classes are often more valued for the relationships/contacts made with other parents than the content of the classes. Playgroups offer a further opportunity to develop connections. Ideally these will be spaces where parents are not feeling insecure and/or competitive, but are supportive, non-judgemental and welcoming of each other. Targeted supports in the perinatal period create a deeper sense of connectedness through sharing of similar experiences eg. teenage parents may feel much more comfortable, better supported, if they get to meet with other young people who are pregnant/have new babies.

Informed and supportive significant others

Postnatal depression prevalence and severity falls when the woman has a supportive partner. Where there is no supportive partner, other significant relationships drawn from family and friends can also decrease the impact and likelihood of postnatal depression.

Symptom awareness/monitoring

Symptom awareness and monitoring will happen to some degree with the routine, universal screening as recommended by the National Perinatal Depression Initiative (NPDI) and Australian perinatal mental health guidelines. Precovery encourages people who have experienced depression, anxiety or other mental health difficulties in the past to have a good awareness of their early warning signs and potential for relapse. This self-awareness/self-monitoring fits nicely with the empowering aspects of recovery, so certainly fits with the concept of precovery.

Easy access to appropriate information and support

Often the supports that help the most are not specialist mental health supports. An approachable midwife or a friendly, relaxed child health nurse may do more to decrease anxiety in a pregnant woman or new mother than weeks of 'talk therapy' could ever achieve. Specialist perinatal mental health support (often provided by nurses) is currently available in most Australian health districts. Telephone helplines, GPs and mainstream mental health services/clinicians are other avenues of information and support.

Recognition of the uniqueness of the individual and informed choice

The values and the goals of the individual woman will determine what, if any, support is required; clinicians can guide and promote realistic expectations. While clinicians may make suggestions and recommendations these are not always followed. However, advocating for real, informed choices puts the clinician on a more realistic footing too. The aim is not for perfection, but to minimise harm. A non-judgemental, non-coercive approach fits with the dignity and respect found within the recovery model, and is a key precovery principle.

Partnership and communication

An essential part of precovery is to provide the individual with opportunities to ask questions and ventilate concerns, and to be supported by the clinician to explore solutions together. The quality and style of the partnership between the clinician and the women can serve as a parallel process to the mother-child relationship: one that nurtures, encourages exploration, and builds resilience and trust. Parents will be made aware that babies are born with a brain primed for experience, a mind that is ready to socialise and learn from day one. Education about infant communication and attachment in antenatal classes will allow parents to more fully prepare themselves for the baby.

Precovery is a new concept which requires further discussion and exploration. Perhaps by combining two approaches of existing practices (ie. preparatory rehabilitation and mental health recovery) perinatal mental health promotion can be embedded in clinical services.

PAUL MCNAMARA IS A CLINICAL NURSE CONSULTANT, PERINATAL MENTAL HEALTH, CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

DR KAY MCCAULEY IS A SENIOR LECTURER, SCHOOL OF NURSING AND MIDWIFERY, MONASH UNIVERSITY