



PUERPERAL PSYCHOSIS
A CARER'S SURVIVAL GUIDE

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Introduction

When my partner was discharged from hospital with puerperal psychosis I asked, “What do I do now?” I was told, “Take her home and care for her.” I quickly realised caring was neither simple nor straightforward. Finding the information I needed was very difficult and some of it I only found months later. After many phone calls and late-night internet sessions, I began to wonder why I was having to “reinvent the wheel”.

In Australia around 400 women develop this illness every year. This booklet is for their partners. I hope to help them care more effectively and avoid some of the pain that I went through.

While everyone’s experience is different, this booklet roughly describes the pattern yours might follow. When reading this booklet please remember that you cannot predict the course of the illness; all you can do is prepare for a range of possible futures. Puerperal psychosis can be very variable, with symptoms ranging from mild to severe, and lasting weeks to many months. So please be accepting if your partner’s illness progresses at a different pace to that described here.

To try and avoid giving you false expectations, I’ve organised the to-do lists according to phase. However, sometimes it is necessary to use time cues. Following the to-do lists is a more general overview followed by some quick summaries.

Finally, I’d like to thank Dr Anne Sved William and Dr Andrea Baas from Helen Mayo House, Dr Catherine Hungerford from the University of Canberra, Jocelyn Hungerford, family and friends for their input and patience. I could not have produced this booklet without their help.

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Part 1 — To-do lists

1 *Where to start*

Don't worry, your partner is safe. Somebody from the mental health emergency team should be with your partner and baby as you read this. What you need to do now is stop and take some time to plan. This booklet will try and help you do this effectively.

Someone has called in the mental health emergency team because they think your partner has puerperal psychosis. Trust them. This is a serious illness that is usually treated in hospital. Puerperal psychosis is a relatively rare condition that affects about one woman in 500 births. It is not something that is usually discussed during antenatal classes. So don't worry that you have never heard of it. It is associated with childbirth and usually affects first-time mothers. Women with the condition become clearly unwell within 7 to 14 days of the birth, although over 50 per cent of the symptoms are usually present within three days of the birth. Sixty per cent of women who develop the condition have had a prior psychotic episode and 40 per cent have not.

Symptoms include an inability to sleep, feeling full of energy, irritability, restlessness, a belief she has special powers or strengths, being very disorganised, making plans to save the world, and paranoia. Your partner may have some or all of these symptoms. You may not see any of these; however, someone else has. If this is your first child, you have nothing to compare your experience with. You may just think things are not going well and not realise how bad the situation is.

To do

- Work with the mental health emergency team and your partner to make the final decision on where and how your partner will be treated, and what will happen with the baby. If your partner is refusing treatment, then your local mental health act sets out a process that can result in her being forced to undergo treatment, regardless of her wishes or yours.
- Find out how to manage at home whilst waiting.
 - Find out how to provide basic care to a person with acute mental illness.
 - Find out what risks you need to be aware of and how to manage them.
 - Find out how to recognise if your partner's condition is deteriorating and what to do if it does.
- Ask one or two people to help you at home. Managing an unwell partner and infant is too hard to do by yourself. Help is needed.
- Cancel immediate plans. Try to stay at home with no visitors. You don't need to explain why, or call family and friends at this point.
- Get some sleep.

If you want her to stay at home, or if she has to wait for a bed

Your aims are:

- Safety of mum and baby.
- Reduce stimulation.
- Cope with symptoms.
- Look after yourself.

Managing an unwell partner and infant is hard. You need help. Ask one or two family members or friends you trust to come and stay. Plan on at least one person being up all night and then needing sleep during the day.

Do a safety check of your home. (See page 40.)

You need to supervise your partner as much as you can. See page 43 for some suggestions on safety of the baby.

Help your partner to get as much sleep as possible. This will be hard as you have a new baby in the house. See page 57 for some suggestions on the role of the carer.

People experiencing acute symptoms of mental illness, have a lot going on in their mind. Therefore it is important to reduce stimulation. Your partner's ability to focus on you and on what is being said, and her ability to respond, will be severely restricted. You and visitors need to:

- Stay calm.
- Talk quietly and move slowly.
- Keep surrounding noise, such as TVs and radios, to a minimum.
- Keep the surrounding environment calm.
- Give her time. Everyone needs to slow down and be patient.

It is a good idea to sit beside your partner, rather than in front of her. This reduces the sense of confrontation.

People experiencing acute psychotic symptoms (loss of touch with reality) have delusions or hallucinations and believe that they are real. Below are some strategies to help you cope with the symptoms you might encounter.

- Focus on her feelings. For example, use phrasing such as "It must be frightening for you to believe..." This will build trust and avoid useless arguments.
- Don't dispute her sense of reality. You cannot counteract delusions with reason.
- However, do not encourage her delusions or paranoia.

Don't take things personally. Create a positive, pleasant and supportive environment.

See page 45 for some more suggestions on how to deal with abnormal behaviours you might be seeing at the moment.

2 Hospital Day 1 — Admission

Your partner has just been admitted to a psychiatric ward, most likely with your baby. This is probably something you did not expect or prepare for. You may not have even known that psychosis was a potential complication of childbirth.

Now you need to figure out what to do next. You have to balance care for your partner, your baby and yourself.

To do

- Help settle your partner and baby into the hospital. Get some rest.
- Find out when your partner's specialist will next be visiting and ask to see them.
- Find out about the hospital and its rules.
 - How does the hospital plan to look after your baby?
 - Can you stay overnight with your partner?
 - When can you visit?
 - When are visiting hours for other people?
- Read the available information on puerperal psychosis; some suggestions are provided at the end of this booklet.
- Buy a notebook on the way home and start keeping a diary. You need to keep track of daily activities, visitors, your partner's symptoms, the sleeping patterns of your baby and partner, and the baby's feeds and toileting. Your partner also needs to start keeping a diary, although at this stage you may need to keep it for her. Your partner needs to keep track of her thoughts, feelings and sleep. A diary is an important tool for you to keep track of what is happening over time, rather than relying on memory.

To think about

- Call family tomorrow, not today.

I left the hospital and started calling family to let them know what was happening. This was probably the worst thing I could have done. I was tired and had no answers.

Calling family now is a bad idea

If you have relatives close by, then they may have been helping you look after your partner. However, if you have not kept your families updated about what is going on, then it is probably a bad idea to call them right now. You are tired and suffering from shock. Conversations with family may be difficult and emotional. You need to be rested and have a clear idea of what to say before you start these conversations. Waiting one day will give you some time to rest and think about what you will say. Your families may be angry with you for not telling them immediately, but at this stage you need to look after yourself. Get a good night's sleep and don't call anyone.

If you must call someone, read page 13 and talk to a nurse about what to say before you make the call.

Working with hospital staff

Mental health staff intend well, but are busy. They may not return phone calls or spend the time with you that you want or need. Be proactive! You are a key person.

Book in to see the specialist

You need to find out more about her condition and discuss treatment. The sooner you ask to see the specialist, the sooner it will happen.

Care of your baby by nursing staff

As tempting as it is to leave, you still have an important role as the baby's father. You and the nurses need to decide how together you will provide care for your baby and persuade your partner that this is a good idea. She is very vulnerable at the moment. It is easy for her to lose confidence in her ability as a mother and very hard for her to regain it. It is best if you can avoid this happening as this can exacerbate her illness.

Nursing staff may want to separate your partner and baby for some or all of the day. This may be due to concerns about infant safety or to allow your partner to sleep. Sleep is essential to recovery. Think about how this is presented. Language is important. Try "it is dad's turn to look after the baby now. How about you get some sleep while he is doing that".

Think about how the baby is cared for, how this is presented to her and who tells her.

The hospital did not talk to me about baby care and I did not think of it. So I just left my partner and baby at the hospital and went home. In hindsight this was not the best thing to do. My partner lost all confidence in her ability as a mother.

3 Hospital Day 2 — Thinking about the big picture

Your focus is on your sick partner here and now, but you need to start thinking about the bigger picture. You do not know how your partner's illness will progress; however, you need to start planning how to provide care for her when she returns home. In making these plans you need to know that this illness often lasts six to nine months, which is a long time, and sometimes it goes on for even longer. So it is better to make long-term plans, and breathe a sigh of relief if your partner recovers more quickly.

Do not delay in making these plans. They may take a while to sort out. Also you don't know how long your partner will stay in hospital. She may be out next week, then again she may stay for several months. So start now and you will be more prepared for whatever happens. Life is going to get busier as the baby grows and your partner recovers. You have a little bit of time now while your partner is acutely ill, so use it wisely.

Your partner will, if anything, be sicker today. She no longer needs to put on a brave face and can show how sick she is. You have also had a break and are now seeing her with fresh eyes. Remind yourself that things will get better.

To do

- Organise an appointment with a counsellor.
- Cancel major projects, such as house renovations, and any holidays you have planned. Your partner will not be able to cope with the stress of these activities for several months, maybe longer.
- Start thinking about what your role will be.
- Who else do you want around to help out?
- Think about how to manage phone calls.
- Talk to a nurse about what to say to your partner's family, and then call them all.
- Check how your partner and the baby are going. Do they need anything?
- Stay at the hospital tonight. Your partner will be missing you.

To think about

- Ask the nurses to help you find help in adjusting to parenthood.

My partner threw a tantrum when I turned up at the hospital. It was quite spectacular and scary. I wondered what had happened to the woman I loved.

The father's role?

You have this job as a carer because your partner is ill. Not because of your ability, skills, knowledge or training. However, to successfully care, you will need some knowledge, practical skills, supervision and support. You now need to start seeking these.

You are trying to balance the competing tasks of caring for someone with a mental illness, looking after the baby, adjusting to parenthood, looking after yourself, educating family and friends, practical house and infant care, and resuming normal life. Your responsibilities are not clearly defined; your role will change over the course of the illness. Every caring situation is unique.

This illness usually lasts 6-9 months, but may last longer. This is a long time. You need to make sure that you can survive this long, because you will be no help to your partner and child if you exhaust yourself. You need to look after yourself and get help adjusting to your new situation. The sooner you do this, the sooner you will be able to care for your partner effectively.

Why should you get involved in looking after your partner?

Being actively involved in caring for your partner and her treatment will help her get better sooner. This will also give you a sense of control, which may stop you becoming depressed yourself.

Your partner's parenting ability is impaired whilst she is ill. Being actively involved in caring for your child will help reduce the effects of your partner's illness on your child.

Seek help in becoming a carer and adjusting to parenthood

This situation is a shock. You need to grieve for your lost dreams. You need help dealing with the dramatic change in your relationship with your partner. You need to change your expectations.

Parenthood is something everyone grows into over time and most people make mistakes along the way. However, you must now cope with an ill partner as well as adjusting to parenthood. These are both difficult tasks. You will want help coping with the emotional, relationship, social, and psychological issues that arise during early parenthood. You will also want help learning the practical aspects of being a parent: for example getting the baby to sleep. So take any help you can get to make this transition and learn the necessary skills.

Ask the nurses to help find someone to help you. This may take a few days to organise.

(Note: Mental health workers and maternal and child health workers have different areas of expertise and so neither service may be able to provide you with all the counselling that you need. Coping with a mentally ill new mother requires support from both the mental health services, and the maternal and child health services.)

In the meantime, simply aim to be a “good enough” parent. People can parent in many ways, all of which will result in happy and well-adjusted children. There is no one right way. Talking about being a “good” parent suggests there is one right way. This is not helpful where your partner has a mental illness.

How are you going to care for your partner when she returns home?

Your partner will require full-time physical, social and emotional care for the next few months and maybe longer. She will not be able to run the household or look after the baby without help. You need to figure out how to provide this, but you do not need to provide her day-to-day care all by yourself. You have three main options.

- Do it all yourself.
- Ask family and/or friends for help.
- Pay someone.

You now need to sit down and think about what is possible and what you can afford. You also need to think about the type of care each person will provide and how appropriate that will be.

The choice will probably come down to either: you providing most of the day-to-day care with support; or one of your parents or other trusted relative providing most of the day-to-day care with support. Whatever happens, you are her partner and the baby’s father, so be involved.

Discuss this with the counsellor or nurses, and then with your families.

What do I tell our families?

Before calling anyone, think about what you are going to say, to whom and when. Who needs to know everything? Who needs to know a bit? Who do you need to support you?

These conversations may be difficult as it can be hard for people to accept that a person close to them is mentally ill. This lack of acceptance is complicated by the fact that they are not present to see the strange behaviour or hear the odd thoughts.

You need to speak to your own and your partner’s family members as close to the same time as possible. You do not want inaccurate rumours going around. You also do not want relatives calling the hospital with half a story and speaking to your partner without being prepared. (Work on the assumption that hospitals do not screen calls to patients and your job is to prepare callers for talking to you partner.)

You need to explain that your partner is not the same person she was before the baby. She is mentally ill and behaving strangely at the moment. This behaviour is a result of an illness and she cannot control or change it, even if she wanted to. You probably don’t want to say much more than this about the situation, as you have not yet spoken to the psychiatrist.

You also need to give your families some positive strategies for dealing with her. For some suggestions, see page 4. Your partner is extremely vulnerable and suggestible at the moment. She may take what is said to her and come up with some very strange ideas. She may also reinterpret past events in odd and hurtful ways. Giving your families positive coping strategies will help protect your partner and her family.

Discuss with the counsellor or nurses what you are going to say. They are a good sounding board.

Manage phone calls from family and friends

One of the most time-consuming tasks, at least initially, is fielding calls and keeping family and friends up to date on your partner's condition. This will be very tiring and may prevent you from getting the rest you need.

Plan how to do this now before you start telling more people. You could ask another person to help, or use group text messages or emails to keep others up to date. You could also leave a message on your answering machine.

Talk to the hospital about how they manage phone calls

Think about whether your partner is well enough to take phone calls herself. Talk to the hospital about how to manage calls to your partner.

My partner's sister heard from her mum that her sister was ill, so she called the hospital to speak to her sister. My partner gave her an earful. I spent the next six months trying to settle ruffled feathers.

4 Hospital Day 3 — Decide what to tell extended family and friends

Family may start arriving today to visit if they live out of town, and you may be able to see the specialist.

You cannot hide this illness. People will see that something is wrong, even if they don't know exactly what. So today is a good time to start thinking about how you are going to manage the situation and what you will say. As part of this it's a good idea to think about what type of help various people may be able to provide.

To do

- Stay at home tonight and get a good night's rest. Last night will have been difficult.
- Research what questions to ask the treating specialist.
- Think about what to tell your extended family, friends and work – try to discuss this with your partner if at all possible. There is real stigma about mental illness and she might not agree with your pathway at first. However, there is more understanding in the community of mental illness these days, and the people you know should be able to adapt.
- Book a first aid course (for example St John's Ambulance or Red Cross) and a mental health first aid course (talk to your nurse about where to find a local provider).
- Ask the hospital for a copy of E Robertson & A Lyons (2003), 'Living with puerperal psychosis: A qualitative analysis', *Psychology and Psychotherapy: Theory, Research and Practice*, 76, pp 411–431.

To think about

- Discuss with a counsellor or nurse how to manage offers of support before you tell extended family, friends and work about your partner's illness.

Follow up

- Have you started the diary? You need to get into the habit of recording what is happening. This will help you identify patterns over time and assist in your discussions with the professionals involved in your partner's care. You can also use it to remind you of what the professionals told you to do.

My first night at the hospital was awful. Nurses came into the room every 30 minutes. The baby was restless. I was on edge.

I held the baby to my partner's breast for a feed, and she slept through it. I felt so guilty, but she was sound asleep for the first time in a long time and I didn't want the baby to wake her.

Talking to the specialist?

When speaking to the specialist and other health professionals, your aim is to develop a collaborative relationship. You have information they may want to know. They are also relying on you to support their treatment. The specialist and other health professionals have knowledge and experience you need. They also have access to others who can help.

Having said all this, speaking to the specialist is a potentially tricky situation. The specialist may refuse to talk to you on the grounds that the details of your partner's treatment are confidential. So the best thing to do is to get your partner to give permission to the specialist to talk to you about her treatment.

If your partner doesn't give permission then you can tell the professionals that you understand that specific information about your partner cannot be disclosed; however, you want to gain a better understanding of the illness, how to care and the support that is available.

The thing to remember is that the health system is expecting you to take over your partner's day-to-day care when she is discharged from hospital. You cannot competently do this without information and support. So it is in their interest to provide you with sufficient information and support so you can do this job competently once you get home. Remember once your partner leaves the hospital your contact time will far exceed theirs. This time imbalance means that poor care on your part could outweigh positive effects of their treatment.

Also remember that you will be monitoring your partner's medication taking once you get home; you need a minimum level of knowledge to do this competently. Once you are doing this, you will know which medications she is taking and be able to research on the internet their effects on both your partner and the baby (www.pbs.gov.au, www.pubmed.gov).

Think about what questions you are going to ask the specialist. You want to get an understanding of longer term treatments and expectations. Below are some questions you could ask. Between you and your partner, you need to decide with the doctors what treatment options are best for your partner. In making these decisions you need to think about the risks and whether they are worth taking given the probability of success. Choosing what risks to take is not a medical decision.

You also want to discuss leave certificates for your work.

Things to ask include:

- What is this illness? How long will it last? Will it recur?
- What are the treatment options (biological, psychological and social)? How can they be combined?
- What are the expected outcomes?
- What is the likelihood of each of those outcomes?

- If your partner is breastfeeding, will the drugs go through the milk and what effect will that have on our baby?
- What does it mean for me? Where can I find help for me in this situation?
- What training do I need to help me care for my partner? Where can I find it?
- What does it mean for the baby?
- What preventative interventions are there for the baby?
- Is there anything I should have asked and have not?

What do I tell extended family and friends?

Lots of people want to visit you at this point, as you have a new baby. It's likely your partner will be obviously unwell for many months. So you need to decide how you are going to manage the situation. It would be a good idea to involve your partner in this decision; however, this may not be possible.

It is probably better to tell everyone what is going on and give them some guidance on how to deal with your partner. This will help stop rumours and comments behind your backs, which in turn may help your partner get better more quickly.

Once you start telling people that your partner is very ill, your work and your partner's work are likely to find out even if you haven't told them yourself. So, you need a plan to deal with this.

You need to:

- Decide who needs to know that your partner is ill, and what to tell them. Who needs to know everything? Who needs to know a bit? Who do you need to support you?

You could:

- Give them some information about the illness. See page 29.
- Make suggestions on how to support your partner. See page 4.
- Decide how to tell them.
Email is the best way of letting extended family and friends know what has happened. An example is below. Calling individual people is too draining and slow.
- Decide when to tell them.
You could draft the email today, think about it overnight and send it tomorrow. Or you could take longer. What you decide to do will depend on many things. This booklet suggests you tell people tomorrow.
- Tell them.

Example email

Dear family, friends and colleagues

Thank you for all your kind thoughts and well wishes on the birth of [baby's name]. I was intending to respond to each of you individually; however, things have been chaotic in the house over the past week. So I have had to do a group email.

Unfortunately [your partner's name] is suffering from a rare post-natal complication called puerperal psychosis (aka post-natal or post-partum psychosis) and has been admitted to hospital for treatment. (If you want to know more about this condition please have a look at the following website: www.wch.sa.gov.au/services/az/divisions/mentalhealth/files/puerperal_psychosis.pdf.) Fortunately the prognosis is good and we can expect [your partner's name] to make a full recovery, however, this will take some time. [Your partner's name]'s doctor tells me that she will be in hospital for the next 2–3 weeks, and will require further treatment and support for another 3–4 months after that.

[Baby's name] is fine. He is with [your partner's name] and is breastfeeding, sleeping, pooing and screaming in the right amounts. [Your partner's name] is bonding to him well. [Baby's name] is not bothered by his mother's illness, and evidence shows that in the long term he will not be affected by this experience.

Me, I'm dividing my time between the hospital and home. I can visit the hospital at any time and have stayed overnight several times. The hospital even feeds me, which makes this possible. The situation is stressful so I'm making sure that I take time out to look after myself. The few people I have told so far have been very supportive and thank you to them.

People can visit [your partner's name] and [baby's name], and I would love you to do that. The doctor has also suggested that visitors are good for [your partner's name] as they help bring her back to reality. However, part of [your partner's name]'s problem is over-stimulation, so at this stage I would like to limit the number of visitors to one person or couple per day. Please call me if you want to visit [your partner's name] (my mobile is ### # ##) and I will let you know which day is suitable for visiting [your partner's name]. Visiting hours are 8:30am – 9:30pm on the weekend and 3:30pm – 8:30pm on weekdays. However, the best time to visit is between 4–5pm.

[Your partner's name] is not her usual self at the moment. When you talk to her it is important that you make her feel loved, included and useful, not just now, but on an ongoing basis. If you have been depressed and want to talk about your experiences, please limit yourself to what got you through.

Thank you to everyone who has been patiently waiting to visit. I only managed to talk to [your partner's name]'s doctor yesterday.

Regards

What do I tell my partner's work?

It is not urgent that your partner's work be formally told of her illness as she will probably be on maternity leave for the next few months. Your partner's relationship with her work will probably determine when and what your partner's work is told. However, once you start telling people your partner is ill then her boss will probably find out. So you need to think about the consequences of her boss hearing about her illness from someone other than her or you.

Note: Your partner's ability to work and to cope with work will be affected by the illness. Therefore it is probably best to formally talk to her work about the illness before she returns from maternity leave as they may need to restructure her job to give her the best opportunity of a successful return to work.

At this point you could say nothing to your partner's work or call them.

If you are considering talking to your partner's work then, you may want to consider the following.

Who do you talk to?

- Is it her boss, the personnel department or both.

What do you tell them?

- The diagnosis?
- How long the illness lasts? The illness usually lasts 6–9 months.
- Probability of recovery? Most people recover fully.
- What they may be asked to do to help?
 - Your partner's recovery may be aided by returning to work early, even though she may not have completely recovered. Whatever happens, she will need a graduated return-to-work program and appropriate low-stress work to do when she returns. She may return to work at short notice, so they need to be prepared.
 - A sense of belonging is very important to people suffering from mental illness. Work is a significant part of people's lives, therefore it is important for her work to try and maintain her connection to the workplace. Start discussing how to do this.

You could also enquire about sick leave. This is a major illness, so your partner may be eligible for sick leave.

Discuss your thoughts with a counsellor or nurse, and your partner if possible, and think about your plan overnight before putting it into action.

I did not give any thought to telling my partner's work and they found out on the grapevine. This did not cause any problems at the time. However, it caused problems later on because they did not realise they needed to manage my partner differently to other women on maternity leave. At one stage my partner thought she had been sacked because there was a restructure and the new structure did not explicitly include a position for her. She was not completely recovered when she returned to work and they expected her to cope with the same level of stress as previously.

What do I tell my work?

Think about letting your work know what is happening as you will need time off over the coming months. It may also affect your ability to perform at work—you will probably struggle to focus.

If you have decided to undertake the day-to-day care yourself, then you need to let them know that at this stage you do not expect to be able to attend work for the next 2–3 months. In about 2 months you may be able to do a limited amount of home-based work, and over the following months you will probably undertake a gradual return to work. This all depends on how your partner's illness progresses and what your own needs (mental, financial, social) are.

Your gradual return to work may be slow. The exact pattern you follow will depend on your partner, her specialist, and you. When making your decisions you need to prioritise your partner's and baby's needs. A big concern is how well your partner is coping without support at home.

You may decide to work shortened days for an extended period. Remember that if you work an 8-hour day, then you may be away from home for 10–12 hours including travelling time. This is a long time to leave your ill or convalescing partner alone with a baby.

You may not be able to give much notice that you want to come back to work, so they need to be prepared. Keep talking to them.

Discuss your thoughts with a counsellor or nurse and think about your plan overnight before taking action.

Why should I do a first aid course?

You now have a baby and a mentally ill partner. It is best to be prepared for emergencies. You have time to do a first aid course and a mental health first aid course now. You will be very busy once you get home and you may not be able to get away.

5 Hospital Day 4 — Tell family and friends

The shock is starting to wear off. You are getting into a routine of visiting the hospital and you are probably getting tired of fielding questions from immediate family about your partner.

To do

- Give the baby a big hug and play with them for at least 30 minutes. With everything that has been going on you may have forgotten about the baby's social needs. You have a baby that wants to get to know you, and you want to get to know them as a person.
- Stay at the hospital tonight.
- Start telling extended family and friends. Send out the email you drafted yesterday.
- If you can, discuss with your partner how and what to tell her work. Call your partner's work and let them know what is happening.
- Call your work to let them know that your partner is very ill and you will need time off work.
- Look after yourself.

Follow-up

- Have you talked to the specialist?
- Have you talked to a counsellor?

By about the fourth day I was so stressed that I just needed to do something physical, so I ordered new carpets and a floating floor for the house. I then proceeded to pack up the house and rip out the flooring.

I felt much better after this, but it was not the most sensible thing I've ever done.

Playing with your baby

Both you and your partner should smile at your baby. Fake it if you have to.

Sing songs to your baby. Nursery rhymes are fine. Don't worry about the bad singing; the baby won't care. Play "peek-a-boo". Read a short story.

Don't expect much response from your baby. You may get a gurgle.

The focus since the birth has been on your partner, and you may have forgotten about your baby's social and emotional needs, and your need to learn to love the baby. Now is a good time to start working on this.

Looking after yourself

You need to take time to look after yourself.

You do this by:

- Making sure you eat properly, get as much sleep as you can, and exercise regularly.
- Managing your stress. Get professional help for yourself or at least support from the treating team.
- Talking to friends and family.
- Comparing your baby experience with other new parents.

Sorting out work

Have you organised a carer's certificate for work and extended your leave?

Speak to Centrelink and find out what government assistance is available. For example carers allowance.

6 Hospital Day 5 — Start organising support

At this point, many people start to realise the full implications of the situation they're in. Don't worry. You can cope. Your partner will get better, but it could be a long haul. You have a special opportunity to get to know your child during the first few months of their life which many fathers do not have. Just take one day at a time.

Don't forget the 'red tape' practicalities of having a new baby. You still need to register the birth, get the baby put on your Medicare card and (if you have it) private health insurance, register for government benefits and so on.

Apart from that, there are three important things you need to learn to do:

1. Meet the physical, emotional and social needs of the baby. To do this you need to learn the practical aspects of looking after a baby: how to change a nappy, feed them, put them to sleep and recognise their needs. You also need to learn the 'soft' skills of recognising how the baby is feeling, comforting them, entertaining them, playing with them and so on.
2. Adjust to parenthood. What is this parenting thing about? It is more than just changing nappies. It is about relationships, values, skills, and time with your child and partner.
3. Learn how to care for your mentally ill partner.

Most parents only have to figure out how to do the first two. You have to figure out how to do all three. With everything that is going on it is very easy to start treating the baby as an object, as you don't have the mental space or energy to cope with more than this. Your baby won't mind; however, you really need to make the effort to develop your whole relationship with your baby.

To do

- Stay at the hospital tonight.
- Start talking to family and friends about the support they might offer. (See page 38 for information on getting help from family and friends.)
- Speak to the nurses about where to find training on how to care for someone with a mental illness.

To follow up

- Have you started finding support to help you adjust to having a mentally ill partner as well as parenthood?

By this stage our families had arrived from interstate and were visiting daily. A few good friends had visited. Everyone was very supportive.

7 Hospital — Planning for going home

Your partner is returning to reality and you are starting to plan for going home. Your partner may have been in the hospital for a week or for several months. By this time you are likely to have settled into a routine of visiting the hospital. You are probably staying at the hospital most nights and going out during the day. You may also be getting some visitors at the hospital.

You may be able to go for walks with your partner on or off the hospital grounds.

Your focus now is trying to figure out what will happen when your partner is discharged from hospital. There are two parts to this: the professionals' plan and your plan.

To do

The professionals

- Organise your first appointments with the mental health professionals your partner will be seeing once she is discharged from the hospital. (These could include a psychiatrist, psychologist, infant mental health worker, mental health caseworker and/or occupational therapist.)
- Ask the hospital to talk to the maternal and child health service to advise them of your partner's illness and to organise their intensive assistance and support for you.
- Discuss with the hospital a referral to your local mothercraft hospital.

You

- Follow up on training on how to care for someone with a mental illness. Talk to a social worker or nurse about this.
- Finalise your plans of how you are going to provide day-to-day care when you get home.
- Ask the nurses for training on what to do if your partner talks about suicide.
- Ask the nurses about mother–infant therapies and preventative interventions for the baby.
- Ask the nurses about family therapies, to help you and your partner cope with this situation together.

This period is a bit of a blur. I was trying to figure out what I had to do next.

My partner was allowed to go for a walk outside with me. We were both very excited to leave the psychiatric ward, even if it was only briefly.

8 Hospital — Going home

You'll probably undertake a graduated return home, in which you leave the hospital for gradually increasing periods, until you first spend a full day, then overnight, away from the hospital.

Both you and your partner will be keen to go home; however, it is important not to leave before your partner is ready. Ask nurses to explain the signs that indicate whether or not your partner is ready to go home.

Play with your baby!

You are now putting the finishing touches on the plans to go home. You also need to really start thinking about looking after yourself. Up to this point it is likely that you have been running on adrenaline, but this cannot last indefinitely. Remember to take breaks.

To do

- Meet your mental health case worker before you go home.
- Talk to a social worker from the maternal and child health service.
- Have a discussion with your mental health caseworker and the psychiatrist regarding safety at home. Inspect your home from a safety perspective before you start the graduated return to home. See page 40.
- Clarify and finalise your relapse prevention plan.
- Confirm you have sustainable day-to-day care organised for your partner before you leave the hospital.

We were so excited to be going home that, in hindsight, we rushed out of the hospital too quickly.

Despite that, it was fantastic to be home.

9 At Home — Nice to be home

You are finally at home, and along with the relief, you may be wondering what you are doing and why you are there. Don't worry. Just being there and spending time with your partner is helping.

You will probably be doing most of the housework and cooking as well as childcare. You may be starting to feel frustrated if your partner is not helping much. Stop. Take a deep breath and remember that she is ill. Over time you will be able to negotiate dividing the work more equally.

To do

- Expect to do the lion's share of the domestic tasks. (This will change over time.)
- Remember to hug your partner and tell her you love her.
- Enjoy spending time with your baby and partner. Remember your partner may be jealous of all the attention focused on the baby. This does not mean she is a bad person; it is normal human nature.
- Enquire about starting psychological treatment, not just pharmaceutical treatment, for your partner. By now she could be well enough to be debriefed about her psychotic period. She could also start on psychological therapies to help with bonding with the baby and give her the skills to cope with depression if it should occur.
- Start to sort out any unrealistic expectations about motherhood that your partner may have. She might believe she has to be a perfect mother. Ideas like this will hinder her recovery. You only need to be "good enough" parents. Talk to both the maternal and child health nurse, and infant mental health for support in this area.
- Start working on your relationship with your partner. Formal therapy, such as couple's therapy, may help guide the conversation. Things may get rough later, so pay attention now to your relationship.
- Look after yourself. Continue to get professional support for yourself.
- Start to show your partner that she still has a life separate from the baby. It's important that she does not feel trapped at home.
- Start checking with secondary carers about how things are going for them.

10 At Home — Second week at home — Routine

People often find that things are starting to settle down by this point. You are probably developing a routine.

To do

- Check safety plans in light of current circumstances.
- Are you still being supported as a carer and a new parent?
- Has the mental health service established a visiting schedule?
- Has the maternal and child health service established a schedule of visits, either at home or at the clinic?
- Start to establish activities and routines. It is important for you both to re-engage with friends. You also need to seek out and engage with new groups of people that your partner enjoys seeing. Do not do only baby-focused activities.
- Have you had the one-month baby health assessment? Have you sorted out immunisations.
- Have you booked into a new parents' group?
- Have you transferred specialists or do you still have the same one? If your specialist has changed, how is that going? Ask for an assessment of how treatment is progressing. Do some more research into treatments.
- Actively seek out experienced mums and people to play with the baby.
- Subscribe to child development emails. They will help give you some confidence in looking after your baby.
- Seek help early with any feeding or sleeping difficulties your baby has. Remember that good sleep is essential to recovery – if your baby isn't sleeping, you and your partner won't be either.
- Check how well your partner is bonding with the baby.
- Continue to monitor your partner's mental state as the manic or psychotic phase is often followed by depression.
- Are you looking after yourself? Are you managing your stress and getting breaks?

Follow up

- Have you obtained help adjusting to parenthood and becoming a carer?
- How are arrangements with secondary carers going?

Throughout this illness your partner is likely to have very disordered thinking. During the psychotic phase she will have had some very weird thoughts and these may haunt her. If she becomes depressed, she may be unable to express how bad she is feeling. At this time your partner will need to learn the skills to cope with depressed thinking. Your partner needs timely support to cope with these experiences, whether this is training, debriefing or just having someone with her.

It is a good idea to start couples counselling as soon as you leave the hospital. It may feel silly right now, but it will help keep you both talking when things get bad. If you wait until things get bad, then it will be much harder to start talking.

Psychotic or manic episodes are often followed by depression. This can be weeks or months down the track and sometimes can be quite sudden. If your partner falls into depression she will need all your help and skills to cope. You will also need additional support from friends and family, as this is exceedingly stressful.

You both need help with the social and emotional aspects of being a parent. These aspects of parenting tend to be forgotten during this stressful time. Parenting is not just about physical care of the baby. Play with the baby. Invite family and friends to play with the baby. Talk to a professional about this.

11 At Home — Depression can set in

Your partner may have entered a depressed phase. Things will be hard, but they will get better.

To do

- You may want to start home-based work, if this is possible. You may also be starting to think about a graduated return to work. Although it may seem like a bad time because your partner is so vulnerable, it is important to start re-establishing normal routines. Speak to the specialist and then your work about this. This will take a while to organise, so start early.
- Your partner may be agitating to go back to work. This could be a good thing for her as it may help her focus on other things. Talk to your specialist about this.
- Are you looking after yourself? Are you getting regular breaks and managing your stress?
- Check safety plans in light of current circumstances.
- Continue to monitor your partner's mental state and how well she is coping with her role as a mother.

My partner's depression was the hardest thing for me to cope with. It just went on and on. She was unable to express how bad she was feeling. Her sadness dominated the house.

The psychotic period was easy compared to this.

Part 2 — Overview

Perspective

This booklet is written from a father's and carer's viewpoint, and works from the following perspectives.

- The decision about which risks you and your partner take is a personal and family one, not a medical one. You and your family are the ones who will have to live with the consequences of your decisions, not the medical professionals. At the end of the day they can leave it behind; you cannot. So the assumption is you will be engaged with the process, actively assessing risks and making decisions.
- There is an expression, "It takes a village to raise a child." It also takes a village to look after someone who is ill. You cannot provide everything (physical, emotional, social) that your child or partner needs. It is OK to ask others to help or to leave jobs to others.
- There is no such thing as a "good" parent, only a "good enough" parent. The phrase "good parent" suggests that there is only one right way to raise a child. In reality, there are many ways. Which ones you use will depend on you, your child and the circumstances. "Good enough" is fine. The same goes for caring.
- The family unit is the focus of treatment, not the mother. The mother's illness affects the whole family. How the family unit reacts to the illness will affect recovery.
- Mental illness affects a person's ability to reason. You may therefore need to make some decisions on your partner's behalf. Your relationship with your partner will also change.

One of the most important things for you to remember is that you make decisions based on the information available to you at the time. Do not feel guilty if hindsight proves that a decision was a bad one. You made the best decision you could based on the information you had.

Understanding your situation

To make decisions effectively you need to have a good understanding of the situation you are in. You are on a journey where there are a number of different parallel and competing processes occurring: mental illness, normal life, becoming a parent, becoming a carer, and meeting the baby's needs. You need to balance these processes and not focus on one only or ignore one. This balance will change constantly.

Normal life

You need to balance your own needs with those of your family, job, extended family and friends.

Transition to parenthood

Becoming a parent involves a number of emotional, social, psychological and relationship changes. Household tasks will change, as will the way you divide them with your partner. Leisure activities, your sense of companionship and the degree of intimacy you have with each other all change. How well a parent copes with these changes depends on:

- Your child's characteristics, such as temperament and health.
- The characteristics you, the parents, as individuals have, such as temperament, and your past experiences.
- The relationship between you and your partner, and things such as how well you communicate and how anxious your temperaments are.
- Your social networks — things such as how many people you have in your lives and how strong your relationships with them are.

Transition to being a carer

How well you cope with being a carer depends on what stressors you face, your vulnerabilities and the resources you have access to. The course your partner's illness takes, your sense of control, your personality, your coping skills, your problem-solving skills, what social supports you have, your self-esteem, your skills and training, your health, your relationship with your partner, your past and whether you have mentors all affect your ability to cope.

What your child needs

Your child has to develop physically, socially, emotionally and cognitively, and have their needs met. They need to bond securely with one or more adults and develop a secure base from which to explore the world. They need to have their needs met in a sensitive and consistent manner.

Aspects of a carer's life

There are a number of different parts to the picture that makes up a carer's life. They are:

- Working beside professionals Managing your partner and baby. Looking after your partner's physical and emotional health.
- Educator. Educating the whole family system and friends about the illness.
- Patient advocate. Thinking about treatments and symptoms and dealing with health professionals.
- Normal life. Housework and infant care. Balancing home, work and social lives, and changing the balance as your partner's condition changes.
- Looking after yourself.
- Coordination.

Whilst these aspects are presented as being clear cut, they are not. They are just a guide to help you think about your situation, what you are doing and what help you need.

As a person working beside the professionals, you are caring for your partner just as the professionals are. You may be supporting professional care, such as monitoring your partner to make sure she takes her medication, providing a supportive environment, or reporting on changes in behaviour. You may be providing care the professionals are not, such as supervision.

As a patient advocate you are trying to make sure that your partner gets the best care possible and helping her to navigate the health system.

Looking after yourself refers to you needing help to cope with the situation. Whether that means talking to a counsellor, getting a cleaner or learning new coping skills. It also includes getting adequate sleep, eating properly, exercise and maintaining friendships,

Normal life refers to everyday things, such as paying the mortgage, putting food on the table, seeing family and friends.

Coordination refers to getting the balance right and making sure things happen when they need to.

About puerperal psychosis

Course of the illness

Puerperal psychosis is a disorder of mood, like bipolar mood disorder. It begins suddenly after childbirth and the early symptoms of mania, with delusions, hallucinations, thought disorder and confusion, can last weeks to months. This is often followed by depression, which can begin after several weeks or months. It is important to watch out for depression, which may happen long after your partner is out of hospital. The depression is part of the mood swing caused by the hormonal changes of childbirth, even though it is weeks or months down the track.

What triggers the illness?

Puerperal psychosis is quite rare, and so there is still only a small amount of research being done and information available. At the moment, researchers believe that where a woman is predisposed to the illness, it can be triggered by sleep loss combined with the big hormonal shifts that occur with childbirth.

Forty per cent of the women who develop puerperal psychosis have had no history of mental illness. Sixty per cent of the women who develop puerperal psychosis have a history of at least one episode of a psychotic mental illness, such as bipolar mood disorder or schizophrenia. If your partner's history includes a psychotic mental illness, then the possibility of puerperal psychosis was probably discussed antenatally.

Symptoms

Psychosis is an altered perception of the world: your partner now sees the world in a way that you consider odd. Her ability to think is affected and becomes distorted. Psychosis has two types of symptoms: "positive" and "negative". Positive symptoms are characterised by abnormal "manic" behaviours such as being unable to sleep,

feeling full of energy, being irritable and restless, believing she has special powers, and paranoia. Positive symptoms are relatively short-lived and respond well to drug treatment. Negative symptoms are characterised by the absence of normal behaviours – your partner may feel unable to get up in the morning, stop sharing household tasks, stop washing and fail to show interest in anything. Negative symptoms persist long after the positive symptoms go away and often do not respond to drug treatment. Positive symptoms are found in the manic (psychotic) phase of the illness and negative symptoms once the manic phase has passed.

Carers find negative symptoms more difficult to cope with than positive symptoms. So don't be surprised if you become frustrated with your partner's lack of responsiveness and help several months after the psychotic phase has passed.

The illness may affect your partner's ability to meet the baby's physical, social and emotional needs. It may also affect your partner's perceived relationship with your baby.

What makes the illness worse?

Lots of things can make the illness worse – external factors, such as lack of sleep along with stress and criticism, and internal factors, such as feelings of not belonging and not being competent, and that she is a burden, as well as her internal dialogue.

Impacts on your partner's recovery

There are many things that affect the course of a mental illness. These include:

- Therapy. This includes medications and talking therapies.
- Exercise, nutrition, and quality and quantity of sleep.
- Life events
- Personal factors, such as social skills, stress levels, coping strategies, communication skills, sleep deprivation, perceptions of relationships within the family, belief in ability to have control over events.
- Family and community factors such as rejections (real or perceived), quality of relationship with baby and partner, involvement with family, friends and community.

When obtaining treatment, it is worth remembering that:

- Wellness is not just an absence of illness, and *vice versa*.
- Maintaining and promoting wellness is different to treating a mental illness or preventing a mental illness from occurring.
- Preventing a mental illness from getting worse is different to promoting recovery.
- A treatment might not work for your partner, even though it works for others. You both need to keep searching until you find treatments that do work for your partner.

Just because you are doing something, it does not mean that it is the right thing or more cannot be done. So keep researching the illness and treatments. Also, keep discussing other ways of assisting your partner to recover. Your aim is to help your partner overcome her illness, but wellness is the ultimate aim.

This illness can be treated in a number of different ways. This is because the brain is biochemical and a network of neurons, which is connected to the body and outside world. Treatment tries to get the biochemistry and network of neurons back to a more usual state. The biochemistry can be treated directly by the use of antipsychotic and antidepressant medications, or indirectly by looking at nutrition. The network of neurons can be treated using psychological therapies or modifying the environment (which is what the carer is doing). These activities try to minimise risk factors that promote vulnerability to developing psychosis and maximise protective factors that promote resistance to developing psychosis. It is best if a treatment plan can address all these different aspects.

Each person's mental illness will follow a different course. Consequently, treatments vary over time and vary according to individual needs. So it is not possible to describe a universal treatment plan. Treatment for the mental illness will probably include drug treatments (antipsychotics and antidepressants) and counselling. However, puerperal psychosis is as much about the transition to parenthood and coping with the baby as it is about mental illness. So you need to ensure your partner's treatment plan includes therapies to assist her to successfully become a mother and you to become a successful family, as well as treating mental illness.

Mental health acts

Each state and territory has a mental health act which covers the care of people with a mental illness. All mental health acts allow a person to be treated against their, and their family's wishes. A person can be forced to have treatment where:

- the person refuses treatment;
- there is a concern about the person's health and/or safety and/or the safety of another person; and
- a court or mental health tribunal directs the person to be assessed and/or receive treatment.

If you get caught up in this process, then it is probably a good idea to engage your own lawyer, and possibly a separate lawyer for your partner, as this is a legal process. It is important to remember that this process is meant to achieve the best outcome for your partner, and that your views are still important and can be taken into account.

If this happens, then the early decisions about place of treatment will be taken out of your hands and your partner will probably be admitted to a mental health facility for assessment. This may be hard if it is not the outcome you wanted; however, this may be the outcome you wanted. If she is admitted and that is what you wanted, you should try not to give into feelings of guilt.

The care system

You are unlikely to have all your needs met by one service. The care system is quite fragmented; the focus of each service is different and they don't necessarily talk to each other. You need to understand this system to be able to navigate it to get the help you need. You will probably have to deal with several different government-run services as well as private sector organisations. Within the government there are departments focused on health, families, law and order, and education. Within the private sector are private hospitals and organisations that can provide you with physical, emotional and educational support.

Within the department focused on health there will be the hospitals, the mental health service, the maternal and child health service, and possibly infant mental health, although your area may not have any of these specialised services.

- Hospitals are focused on caring for people who have acute problems. You may encounter specialist accident and emergency wards, psychiatric wards, specialist mother and baby mental health units, and mothercraft hospitals.
- Mental health services are focused on care within the community of people suffering from a mental illness. They provide support and monitor the symptoms of people with a mental illness. They provide emergency response teams, which are similar to ambulances but deal exclusively with mental health issues. They also provide treatment for people with mental illnesses.
- Maternal and child health services are focused on baby and mother related issues. They monitor baby health and help parents learn how to care for their babies. They assist with some parenting difficulties and help identify postnatal depression.
- Infant mental health helps treat the psychological causes of parenting difficulties and the consequent child behaviour problems.

Within the department focused on families there will probably be the child protection unit and family programs.

- Child protection is concerned about the safety of the infant, whether that is due to neglect, abuse, or some other cause.
- Family programs are focused on assisting parents to develop parenting and coping skills. These programs are many and varied. Often they are not well advertised.

Within departments focused on education there may be programs focused on educating carers and providing them with skills. Often these programs are not well advertised.

The police may become involved if your partner threatens violence or people become concerned about their own safety, or hers. It is preferable not to involve the police if at all possible. However, their involvement may be unavoidable.

The private health system provides many of the services that are provided by the government health system. You have to pay for these services; however, you get to

choose the professional, and the services you receive. You may also be able to access services faster. These services usually deal with people who are not as sick as those in public hospitals.

Carer organisations provide training and support to carers. They may also provide respite care. There are a number of different carer-focused organisations.

Support organisations provide peer support on issues of interest, such as postnatal depression, or caring for someone with a mental illness.

A number of professionals will be involved in your partner's care. They may include psychiatrists, clinical psychologists, mental health nurses, midwives, maternal and child health nurses, social workers, physiotherapists and occupational therapists. They all play a different role.

- Psychiatrists are medical doctors who have specialist training in mental health issues. They can prescribe medication, order medical tests and admit people to hospital. They may also provide therapy. Psychiatrists can specialise in various aspects of mental illness. So your partner may see several different psychiatrists who each treat a different aspect of her illness.
- Clinical psychologists provide therapy. They cannot prescribe medication, order medical tests or admit people to hospital. They may work with psychiatrists or by themselves. Clinical psychologists have specialist training in psychology and can specialise in various aspects of psychology. So your partner may see several different psychologists who each focus on different aspects of her recovery.
- Mental health nurses are nurses who have received specialist training in mental illnesses. Their focus is on monitoring and supporting people who have a mental illness. This may be done in hospital or the community.
- Social workers try to improve the quality of life of individuals and groups. They have specialist training in social work. Services provided by social workers may overlap with psychologists, mental health nurses and counsellors.
- Physiotherapists help people with physical problems recover normal movement. Your partner may have a number of physical problems as a result of the birth.
- Occupational therapists help people improve their ability to do day-to-day tasks in all aspects of life and so influence their health and personal satisfaction. They help people engage in and cope with daily life. In doing this they may help them plan and carry out routine tasks and develop skills. They have specialist training in occupational therapy.

Obtaining help from services

A number of services may be involved in your partner's care. Often it might feel like you are being offered the same service multiple times and you probably are. Your aim is to get the services you need, not have too many people involved, and avoid double-ups but not miss out. To achieve this you need to:

- Understand the range of organisations that exist and what services an organisation provides.
- Understand the difference between the services an organisation provides and the services they offer to you.
- Recognise that organisations may not be willing to discuss your partner and her treatment with you.

If you think about these three things you may be able to work out whether you are being offered the services you need only once and without too many people involved.

When obtaining help from services tell them you want to gain a better understanding of the illness, how to be a carer, the support that is available and so on. If you focus on specific information about your partner's treatment, they may claim confidentiality and refuse to help you. A better strategy is to observe treatment and then research it.

The following description helps you think about what is happening when obtaining help from services. There are the services you need and the services you think you need. Then there are the services an organisation provides and the services you are offered. Finally, there are the services another organisation provides and offers to you. You may not be offered the full range of services an organisation provides. You may be offered services you don't need or want. Some services may be offered by multiple organisations, whilst others may be offered by only one organisation.

How do you care for the mentally ill?

How do you care for somebody who is mentally ill? This is not something that is usually taught. You are often left to figure this out on your own.

Caring is a journey on which there a great deal of self-discovery and self-management as you try to cope. There is no one right way to care. Below is a laundry list to give you a place to start thinking about how you will care.

Your aim as a carer is to create a culture at home that is a positive, pleasant and supportive one. Your partner needs to receive more encouragement than criticism. You are trying to ensure your partner feels that she belongs and is not a burden.

You can do this through structures and routines. These make your day predictable for your partner and help her succeed and feel loved.

People describe the caring role differently. Below are some tools and techniques to consider when you think about what you will do in your caring role.

Medical

- Monitor her treatment.
- Monitor her symptoms.
- Monitor her medication. Make sure you don't run out of medication. Make sure she takes the right amounts at the right times.
- Alert the professional team to problems. You will need to discuss with the professionals what they want you to look out for.

Practical

- Helping to keep the household running: cleaning, cooking, washing, shopping.
- Helping to care for the baby. (Don't always leave your partner to deal with the screaming baby at 1 a.m.)
- Manage visitors and social activities.

Caring

- Make her feel loved and wanted, accept her and give her approval.
- Spend time with her and have fun. Play a board game or cards when the baby is asleep. Go for walks together.
- Choose what you notice and comment on, and what help you provide. For example if your partner only feeds your baby avocado, then you could suggest other foods that may be suitable for your baby to eat.
- Encourage hope, provide trust and accept her as she is. Focus on strengths.
- Learn about the illness and how to care for your partner.
- Help her regain her life skills. Do this gradually – help her do things for herself, but don't overload her. Make her feel competent and effective.
- Make her feel a valued part of the community.
- Protect her from people who might criticise her illness.
- Provide calm and quiet.
- Protect her from things that make her own death or self-harm seem possible, such as violent television shows and movies.
- Allow her to express her concerns.
- Try to be someone she can rely on.
- Help her gain a more accurate and complete understanding of, or insight into, herself.
- Provide understanding.

I spent months trying to figure out what I was supposed to do. I was not given any guidance by the professionals. The closest I came to getting real support was my local carer's association offering me counselling by a person specialising in carer's issues. I did not follow this up because I was over being offered professional help and could not figure out the logistics.

- Discuss problems and allow her to solve them.

Extended family and friends

- Manage non-professional carers, such as family and friends.
- Guide family and friends in how to deal with and cope with your partner and her illness.

Look after yourself

- Eat, sleep, and exercise adequately.
- Manage your stress. Talk to professionals.
- Maintain your friendships and social life as much as possible.

The medical profession talks about risk and protective factors. “Risk factors” is just a way of describing things that may make your partner’s illness worse. “Protective factors” is just a way of describing things that help protect your partner from getting sicker or promote recovery. Often risk and protective factors are at different ends of the same line, so reducing risk factors may increase protective factors and *vice versa*.

Risk factors that could affect your partner include the following:

Personal

- Compromised social skills.
- A lack of strategies to cope with stress.
- Difficulty communicating with you and the outside world.
- Lack of sleep.
- Perception of a poor relationship with the baby or you.
- Substance abuse.

Family and community

- Rejection by others (real or perceived).
- Stressful relationships.
- Insufficient social support.

Environmental

- Major life events.

Protective factors can include the following:

Personal

- Medication.
- Good coping skills.
- Good communication skills.
- Belief in her own ability to change her situation and influence her destiny.
- Ability to control actions, behaviours and emotional responses. This leads to the ability to think clearly during stressful situations, delay gratification and control impulses.

Regularly debriefing with a professional is really important. I was not offered this, nor did I realise that I needed to seek it out. There were things I did not want to tell friends or colleagues. And you start to get really boring when all you talk about are the ups and downs of caring. I think a professional may have given me some good strategies and helped me cope better.

- A belief in something that gives a sense of meaning and purpose.
- Belief in her own ability to succeed in reaching specific goals.
- Therapy. This provides flexibility and more options to effectively deal with problems.
- Good physical health.
- An easy temperament.

Family

- A stable relationship and quality communication between you and your partner.
- A warm and cohesive family interaction, where there is co-operation, mutual support and a commitment to solving problems together. This is both between you and your partner, and your partner and her family.
- Positive parent-child relationships. This is both between your partner and your baby, and your partner and her parents.
- Social support/interpersonal interactions within the family's social network, including extended family, that provides emotional support, tangible help or information.

Community interactions

- Involvement in the community. This provides access to larger social networks and more resources, as well as a sense of belonging.
- Acceptance by peers.
- Supportive mentors.

At times you might wonder what you are doing. You may think you are not needed, but you are helping just by being there.

Your relationship with your partner has changed due to her illness. It has also changed because you are now parents. You need to negotiate how to care for your child together. This will be hard due to your partner's illness.

You will also need to talk about how you run the household together. You need to help do this and to gradually release control as she gets better. You will need to constantly renegotiate the division of labour as your partner gets better or relapses. You need to have a plan for how to do this. It is hard to develop a plan on your own and you may want to talk to an occupational therapist about how to go about this.

You need to find the right balances in your life. Think about:

- How much time together you need, and how much time apart.
- The balance in focus between her and the baby.
- Mum and baby time, dad and baby time, family time and time alone. You need to find the right balance between all these.
- How much time you spend at home, and how much away from home.
- How much housework really needs to be done.

Discuss these with both the mental health case worker and the maternal and child health social worker.

In amongst all this, you need to look after yourself. Looking after yourself means taking regular breaks and doing things you like occasionally. However, sometimes people can use this as a reason to avoid their partners, and you should be careful not to let this happen.

You need to learn how to support the professionals. Ask them what you need to do to support them.

Keep a daily diary of your routines. Regularly check both your routines with both the mental health, and maternal and child health professionals to make sure they are appropriate.

Getting help from family and friends

This area is a minefield. You probably don't really know what you are asking people to agree to. Similarly, people do not fully understand what you are asking or what they are agreeing to. People will say "yes" when they mean "no". People can fall into helping roles, then find that too much is being asked of them but feel unable to express that to you. People will try to help with the best of intentions, but sometimes their "care" makes the illness worse because they don't understand what they are doing.

Some people will offer to help because that is the right thing to do, but may not really expect you to take them up on the offer. They may be surprised if you accept and unsure of how to retract the offer. Be cautious when accepting offers of help. Try not to overload people.

You will need back-up plans. You need to give people graceful ways of saying "no", and you will need to be able to ask people to stop providing care if what they are doing is not helping. You need to ask for help with caring, but also for help working out how to negotiate these difficult social situations.

When you ask for help in caring for your partner, you should discuss boundaries.

- What are they willing to do? For example, cooking, cleaning, or giving social support such as having afternoon tea with your partner.
- How often are they willing to do it? Daily, once a week, once a month, occasionally?
- When are they willing to help? Mornings, afternoons, evenings, weekends?
- For how long are they willing to help? Will it be weeks or months?

You also need to stress that you are making your plans on the assumption that your partner will be ill for at least the next six to nine months although you hope she will recover sooner.

Once someone has agreed to help you, you need to regularly check that the arrangement is working and fine-tune it as necessary. They are unlikely to do this

themselves. They may fear being honest with you when the arrangement is not working for them. They do not want to hurt you or your partner's feelings. You need to stress to people that there is no shame in reducing or withdrawing their help. The question is how that reduction in help is managed. If they are no longer happy to help you and withdraw their help suddenly, then your partner's care will suffer and you do not want that.

When you realise that someone has taken on more than they can handle or they are helping you and you have not discussed boundaries with them, you need to discuss this with them.

You do need help. The difficulties described above are not intended to put you off getting help, just to help you to be realistic about what you can expect and ask for. Being aware of the potential problems should:

- Assist you to get the help you need.
- Assist you to prevent others "burning out" and withdrawing support at critical times.
- Make you aware of the need for caution.
- Prepare you for potential disappointment when seeking help.

Helping visitors cope

All visitors, whether at home or the hospital need to:

- Provide messages of hope. They need to stress to your partner that she will get well.
- Make your partner feel loved and included. (A hug is always enjoyed) Make your partner feel competent. Your partner can still do things well. Focus on these and praise her successes.
- Not give advice or suggest solutions. (This is very hard for men to do!)
- Focus on your partner's feelings.

You will probably find that people want to talk about their own experience of depression. If people do, then they should talk about what got them through. It is fine for them to talk about how bad they felt and how they were unable to express their feelings.

People should not do the following.

- Say things that will make your partner feel that she is a burden, such as "Stop being a princess", "You can look after yourself", "Why don't you help your husband?" or "Just get on with life and help." Saying things like this make her feel worse and make things harder. Her illness is real.
- Compare her situation with other people's and suggest that "at least" she is not as badly off as they are.

- Say or do things that make her feel incompetent or not as good as she was before the baby. She is already thinking these kinds of thoughts and they contribute to her illness.
- Say or do things that make your partner feel isolated, such as stop phoning or inviting her (or both of you as a couple) out.
- Talk about their own experiences of wanting to kill themselves or traumatic events. This can exacerbate her own feelings about suicide, or can sound like they're comparing themselves to her and trivialising her suffering.

See page 47 and page 49 for some suggestions on how to deal with the lack of normal behaviours and symptoms of depression that you might encounter as your partner recovers.

Safety

Unfortunately suicide and infanticide are real possibilities with this illness. So it is important to think about safety, and about what you are willing and able to do to manage these risks.

There are a few areas that you can monitor to give you the best chances of preventing suicide. These are the physical environment, medications, your partner's mental state, and the care you provide.

Physical safety

It is harder for your partner to hurt or kill herself if things that might help her do this are not accessible. It is a good idea to make your home as safe as possible for her. However, you don't want to make life at home too inconvenient. This is a balance you'll need to strike.

The two most common methods of suicide in the UK (figures are not available for Australia), within the first year after birth are suffocation (which includes hanging) and jumping.

- Suffocation: Think about ropes, hanging points (such as baby bouncers, tree branches, railings, hooks and shower roses), plastic bags and hoses.
- Jumping: Do you live in a multi-storey building? Is there somewhere close by from which she could jump?
- Poisons: Your partner may be given sleeping tablets. Discuss with the nurses, her case manager or her doctor where they should be stored.
- Bleeding: Think about knives, sharp tools and firearms she could have access to.

However, you should also be aware that sometimes people choose other methods such as stepping into traffic, burning and drowning.

The weather

Think about environmental factors that might increase suicide risk. Hot weather increases the risk of suicide, So if night-time temperatures are over 26°C, then think about cooling the bedroom or sleeping somewhere cooler such as the basement or an air-conditioned hotel room if this is feasible for you.

Medications

Changing or starting medication can be dangerous, even if it helps in the long run. It can take up to six weeks for antidepressants to stabilise a person's mood. Not all antidepressants are effective for everyone, and some antidepressants can actually increase suicidal feelings in some people.

Be vigilant whenever your partner changes medication. Discuss with her psychiatrist any extra safety precautions you should be taking at this time. You may need to take additional time off if you have returned to work.

Your partner's mental state

There are several things that affect your partner's mental state: her biochemistry, thought patterns, and environment.

Feelings of depression, and the likelihood of suicide, can vary across the day in predictable patterns. The most common ones are:

- Depression is worst in the morning with mood lifting throughout the day.
- High mood in the morning, and depression increasing over the day until it peaks in the evening.
- Depression fairly constant during the day.

This is related to daily changes in hormone levels. Identify the time of day when your partner feels most depressed and aim to be there during that time.

Suicidal feelings can also be related to stress. Try and identify the stressors that increase her suicidal feelings and then try to keep them away from your partner.

Your partner may have unhelpful thought patterns. Fortunately there are some straightforward techniques such as cognitive behavioural therapy, or mindfulness training, to help your partner manage or prevent these thoughts.

If your partner starts to develop suicidal feelings, you want her to have the mental skills to cope with the strong emotions associated with this. It helps if she understands that her suicidal feelings, though intensely painful in the present, will not be around forever. She can "ride out the wave" of suicidal desire.

Your partner's treating team will be able to advise you and your partner about techniques to manage unhelpful thoughts and strategies to cope with crises. It is better to have these conversations earlier rather than later. If unhelpful thoughts occur, make sure your partner's treating team know what she is dwelling on.

Remember that even socially advantaged, well-supported women with higher education are vulnerable to suicide. Some research suggests that they are even more at risk than women from other types of backgrounds.

Your care

Suicide can be seen as the culmination of a long series of events. So when you're thinking about safety, think about how to intervene early, as well as what to do in a crisis.

The best way of preventing suicide in the longer term is to minimise suicidal feelings in the first place. So you are looking for effective pharmaceutical and psychological treatment. At home, you want to try to ensure your partner feels that she belongs, is competent, and is not a burden. You also want to prevent her from developing the ability to take her own life.

To do

Long term

- Have a discussion with the mental health professionals about suicide and infanticide. What signs are you looking for? When should you call someone?
- Discuss with the mental health professionals what to do in the event your partner feels suicidal. (These conversations are difficult and you are under a lot of stress, and you may find it hard to recall what was said if you eventually need this information. Ask them to write it down for you.)
- Make sure your partner keeps taking her medication; people can sometimes quietly stop doing so as they don't like the side effects or have decided they are better.
- Make sure your partner keeps her appointments with members of her treating team.

Crisis situation

- Stay with your partner and make sure she is safe.
- Call your mental health caseworker if the crisis is during working hours.
- Call the mental health emergency team if outside working hours. Tell them that your partner has been diagnosed with puerperal psychosis and is now actively contemplating suicide.

Part 3 — Quick summaries

Caring for baby

Phase of illness	Helpful interventions
Psychosis	<ul style="list-style-type: none">• Consider the safety of baby.<ul style="list-style-type: none">○ Regularly check your partner and baby, or stay with her as much as you can.○ Monitor your partner’s delusions and seek help if they start to involve the baby.• Assist your partner to care for baby.<ul style="list-style-type: none">○ Help your partner feed baby. For example fetch baby to her, make sure she has a glass of water and enough cushions. You might also consider taking over one night time feed and giving baby a bottle using expressed milk or formula.○ If baby is crying, help your partner figure out why baby is crying. For example, hungry, dirty nappy, wrong temperature or wants to be held. If all else fails or your partner is becoming distressed, you can try you settling baby in another room or taking them for a walk outside.○ Assist your partner with the practicalities of looking after baby, such as dressing, changing baby’s nappy and bathing.<ul style="list-style-type: none">* Notice the weather and help your partner pick appropriate clothing for baby.* Check baby’s nappy regularly so baby is not in a poopy or wet nappy for long periods.* Run baby’s bath and always check the water temperature. Check that washer, towels and cloths are ready and handy before putting baby in the bath. Be in the room when your partner baths baby in case she loses concentration or has trouble holding baby.○ Always check baby’s capsule is put into the car correctly.• Have the baby sleep in another room so they don’t disturb their mum. (Babies are noisy sleepers.)• If baby is asleep, try to get your partner to also rest. You could try having everyone going to bed.• Try to limit the number of visitors at any one time and on any one day.

Phase of illness	Helpful interventions
Psychosis (Continued)	<ul style="list-style-type: none"> • Help your partner interact appropriately with baby. <ul style="list-style-type: none"> ○ Encourage her to use appropriate facial expressions even though she may not feel like it. (Fake it till you make it.) ○ Encourage her to hold baby, such as cuddling or carrying in a baby pouch. ○ Encourage her to sing songs, for example rock-a-bye baby or twinkle twinkle little star. ○ Encourage her to play simple games with baby, such as peek-a-boo.
Depression	<ul style="list-style-type: none"> • Consider the safety of baby. <ul style="list-style-type: none"> ○ If your partner is suicidal you need to discuss care of baby with a professional. ○ Think about change table safety. Baby will become more active and your partner may be distracted. Consider changing baby on the floor. ○ Monitor bath temperature and bathing. • Assist your partner plan her day so that goals are realistic. Assist your partner to prepare for her day. • As for psychosis, but giving your partner more responsibility.

Dealing with abnormal behaviours

“Positive” symptoms of psychosis	Associated behaviour	Helpful interventions
Delusions and hallucinations	<ul style="list-style-type: none"> • Hearing and responding to voices that are not there. • Talking about the content of the delusion or hallucination. • Behaving in a way that is consistent with the delusion or hallucination e.g. hiding her baby because she thinks someone is trying to steal them. • Being distracted and unable to concentrate. This may mean she fails to provide adequate care for her baby. She may start a task, such as feeding the baby, but not complete it. 	<ul style="list-style-type: none"> • Do not engage your partner in an argument about her delusions. The delusions are fixed and difficult to change. • Connect with the emotion of the delusion or hallucination e.g. “it must be frightening to...” • Limit stimuli – reduce the number of people and surrounding noise. • Show compassion for the content of the delusion without encouraging it.
Paranoia (delusions)	<ul style="list-style-type: none"> • Behaving as though she is being followed, tricked or spied on, e.g. by you or the baby. • Being overly sensitive and suspicious. • Behaving in a way that is consistent with the content of the paranoid belief. • Irritability. • Aggression – your partner could be afraid (of the baby, for example) because of the delusion and may act aggressively as a result. 	<ul style="list-style-type: none"> • Do not engage your partner in an argument about her delusions. • Focus on the feelings associated with the paranoid delusions, not the delusions themselves. • Avoid confrontational body language – sit beside rather than in front of her. • Stay calm. • Consider the safety of yourself, baby and your partner.

“Positive” symptoms of psychosis	Associated behaviour	Helpful interventions
Disordered thinking and behaviour	<ul style="list-style-type: none"> • Reflected in disorganised speech. • Not appearing to cooperate —“vaguely out”. • Difficulties in performing daily activities of living, such as caring for the baby. • Dressing herself or the baby inappropriately or in an unusual manner e.g. lots of clothes on a hot day. • Failing to meet the baby’s needs regularly or consistently. • Treating the baby inappropriately e.g. feeding inappropriate foods or expecting the baby to talk. 	<ul style="list-style-type: none"> • Communicate in a clear and simple manner. • If necessary, repeat things, talking slowly and allowing plenty of time for your partner to respond. • Give step-by-step instructions.

Dealing with a lack of normal behaviours

“Negative” Symptoms of psychosis	Associated behaviour	Helpful interventions
<p>A reduced range of emotional expression (affective flattening)</p>	<ul style="list-style-type: none"> • Her face may appear immobile and unresponsive. • She may be unable to make or sustain eye contact. • Her body language may be reduced. 	<ul style="list-style-type: none"> • Be aware that this is a symptom of the illness. Don't take it personally. • These behaviours will cause problems bonding with the baby, so seek help with bonding early. Talk to skilled staff about this. A common strategy suggested is “fake it till you make it”. • Try not to get frustrated or hurt by the lack of emotion that she is displaying. • Be aware that just because she is showing a reduced range of emotions, it does not mean that she is not feeling anything.
<p>Poverty of speech (alogia)</p>	<ul style="list-style-type: none"> • Reduced communication. • Brief and empty replies. • Decreased fluency of speech. • She may appear to have diminished thoughts. 	<ul style="list-style-type: none"> • Keep verbal communication simple and accept simple communication in return. • Keep communicating regardless of response. Don't assume she cannot understand your message, even if her response is limited.

“Negative” Symptoms of psychosis	Associated behaviour	Helpful interventions
<p>Inability to initiate and persist in goal-directed activities (avolition)</p>	<ul style="list-style-type: none"> • She may sit for long periods of time doing nothing. • She may display little interest in participating in any sort of activity. • She may lack motivation. 	<ul style="list-style-type: none"> • Understand and acknowledge that these are again symptoms of the illness and not deliberate acts. • Try not to become frustrated with the behaviours. • Provide gentle encouragement for her to undertake activities.

Dealing with symptoms of depression

Symptoms of depression	Associated behaviour	Helpful interventions
(These are not negative symptom of psychosis but are often secondary to psychosis. Also psychotic symptoms can be part of depression.)		
Depressed mood, loss of interest or pleasure in nearly all activities	<ul style="list-style-type: none"> • This is characterised by expressions of helplessness and hopelessness. • She is depressed most of the day. • There is a loss of interest or pleasure in activities and she may not move much at all, just sits staring into space. • Fatigue and loss of energy. • Sometimes she can articulate having no feelings, but a depressed mood can be inferred from her facial expression or demeanor. • Sometimes depressive mood can be exhibited in irritability rather than sadness, including persistent anger, overreaction to events, angry outbursts and blaming others. • Social withdrawal. • Her skin may become coarse and dry, and hair limp and greasy or sparse. 	<ul style="list-style-type: none"> • Be aware that depression is a very real condition reflecting changes in the chemicals of the brain and that it does not mean she is weak. You cannot jolly a person out of this state. • Connect with the emotion of the experience rather than trying to change her mind. • Reinforce your love for her. • Try to sit beside and be in her space – often people who are depressed do not like to make demands on others but appreciate company. Likewise, you will need to do the talking rather than expecting her to do so. • Keep up good levels of communication even when she doesn't respond.

Symptoms of depression	Associated behaviour	Helpful interventions
Inability to concentrate	<ul style="list-style-type: none"> • Poor concentration and poverty of thought. She may have difficulty putting sentences and thoughts together. She may give monosyllabic responses and need prompting. • She may appear easily distracted or complain of memory difficulties. • She may be less able to achieve intellectually demanding tasks than she was previously. 	<ul style="list-style-type: none"> • Attend to safety issues that poor concentration can cause. • Set realistic tasks. • Have realistic expectations.
Suicidal ideation	<ul style="list-style-type: none"> • She may think about death frequently or constantly. • She may talk about death or suicide. • She may attempt suicide. 	<ul style="list-style-type: none"> • Be aware of suicide risk. If you are concerned, do not be afraid to talk to her about suicide – this will not make her act on possible thoughts of suicide. Communicate with her treating team about this issue. If it becomes very persistent, you may need to hospitalise her. • If she expresses unexpected happiness and begins to give possessions away and organise her affairs, be aware that can indicate she is thinking about suicide and seek assistance immediately.

Symptoms of depression	Associated behaviour	Helpful interventions
Decreased energy, tiredness and fatigue	<ul style="list-style-type: none"> • She may report sustained fatigue without physical exertion. • The smallest tasks can require substantial effort. • May take twice as long as usual to do things. 	<ul style="list-style-type: none"> • Avoid placing unrealistic demands on her. • Be patient. • Notice and recognise small achievements.
Sense of worthlessness or guilt	<ul style="list-style-type: none"> • Feelings of worthlessness and guilt, which, at the psychotic level translate into the belief that she has done something terrible and needs to be punished. • She may believe unrealistic negative ideas about her self-worth. • Guilt about or preoccupation with past failings. • Misinterprets neutral or trivial day-to-day events as evidence of personal defects. • Exaggerated sense of responsibility for untoward events. 	<ul style="list-style-type: none"> • Connect with the emotion of the experience. • Notice and recognise small achievements. • Avoid trying to do too much problem-solving. She probably will not be ready. • Avoid long, self-effacing, self-defeating talk from her.
Changes in appetite	<ul style="list-style-type: none"> • Sometimes her appetite may increase but more usually people experience cravings for particular foods, particularly sweets or carbohydrates. • Significant loss or gain in weight. 	<ul style="list-style-type: none"> • Be aware of hydration and nutrition issues.

Symptoms of depression	Associated behaviour	Helpful interventions
Changes in sleep patterns	<ul style="list-style-type: none"> • Insomnia and early waking. • Not sleeping at all or waking early in the morning. • Less frequently, over-sleeping. 	<ul style="list-style-type: none"> • Try to do some exercise with her. For example, walking around the block. • Medication.
Reduction in libido	<ul style="list-style-type: none"> • Reduced or absent sexual interest or desire, often for long periods. 	<ul style="list-style-type: none"> • Express intimacy and communicate physically, for example by cuddling or giving her massages. This helps keep you connected without placing demands on her.

Symptoms

Acute illness	Recovery begun	Recovery established
<ul style="list-style-type: none">• Behaving out of character.• Irritability.• Believing things that are not true.• Hearing voices.• Seeing things that are not there.• Being confused, forgetful, and/or very disorganised.• Moods change very quickly. Can be elated and then confused very quickly.• Difficulty caring for the baby or doing other tasks.	<ul style="list-style-type: none">• Lacking energy.• Poor concentration.• Depressed.• Reduced range of facial expressions.• Not want to talk.• Not able to concentrate.• Feelings of helplessness, hopelessness, and/or worthlessness.• Tearful.• Not able to eat or sleep.• Suicidal thoughts.	<ul style="list-style-type: none">• Return to more normal behaviours and moods.

Treatments

	Acute illness	Recovery begun	Recovery established
Biological	<ul style="list-style-type: none"> • Sedating medication. • Psychotropic medication (larger doses). • Antidepressants and/or ECT (Electro Convulsive shock Therapy). 	<ul style="list-style-type: none"> • Psychotropic medication. • Antidepressants and/or ECT. • Mood stabiliser. 	<ul style="list-style-type: none"> • Sedating medication. • Psychotropic medication (larger doses). • Antidepressants and/or ECT. • Mood stabiliser.
Psychological	<ul style="list-style-type: none"> • Emotional support. 	<ul style="list-style-type: none"> • Supportive counselling. • Psychological treatments which teach coping, problem solving and parenting skills and start addressing underlying problems that may affect recovery, such as adverse life events, low self-esteem, negative thinking patterns, perception of own childhood. 	<ul style="list-style-type: none"> • Supportive counselling. • Psychological treatments which teach coping and parenting skills, and start addressing underlying problems that may affect recovery.
Environmental	<ul style="list-style-type: none"> • Reduce stimulation. • Reduce stress. 	<ul style="list-style-type: none"> • Increased stimulation. • Reduce stress. • Increased levels of responsibility for herself. • Work on relationship with baby and partner. 	<ul style="list-style-type: none"> • Increase independence. • Increase stimulation. • Reduce stress. • Enhance relationships with extended family and friends. • Link into support networks.

	Acute illness	Recovery begun	Recovery established
Environmental (Continued)		<ul style="list-style-type: none"> • Enhance relationships with extended family. • Link into support networks. • Help your partner to feel that she is competent and belongs. 	<ul style="list-style-type: none"> • Enhance relationship with baby and partner. Do a program such as PAIRS, circle of security, triple P parenting, parents as teachers. Attend couples counselling. • Help her to feel that she is competent and belongs.
Place	<ul style="list-style-type: none"> • Hospital. 	<ul style="list-style-type: none"> • Hospital or home. 	<ul style="list-style-type: none"> • Home.

Role of professionals

	Acute illness	Recovery begun	Recovery established
Biological	<ul style="list-style-type: none"> • Prescribe medication. 	<ul style="list-style-type: none"> • Ongoing review and adjustment of medication. 	<ul style="list-style-type: none"> • Ongoing review and adjustment of medication.
Psychological	<ul style="list-style-type: none"> • Monitor 	<ul style="list-style-type: none"> • Intensive case management. • Deliver psychological therapies. • Develop wellness recovery plan and implement. 	<ul style="list-style-type: none"> • Reduced case management. • Deliver psychological therapies. • Monitor and modify wellness recovery plan.
Environmental	<ul style="list-style-type: none"> • Help family learn about illness. • Help family acquire coping and problem solving and practical skills required for caring. • Help family learn about the system. • Refer family to appropriate supports. 	<ul style="list-style-type: none"> • Monitor recovery. • Help carers manage social and environmental risk and protective factors. • Continue to provide support and information for families and friends. 	<ul style="list-style-type: none"> • Monitor recovery. • Help carers manage social and environmental risk and protective factors. • Continue to provide support and information for families and friends.

Role of carers

	Acute illness	Recovery begun	Recovery established
Biological	<ul style="list-style-type: none"> • Make sure she is drinking and eating. • Maybe take her out for a walk. • Help her get some sleep at night if you can. 	<ul style="list-style-type: none"> • Ensure adequate supply of medication. • Ensure medication has been taken. 	<ul style="list-style-type: none"> • Ensure adequate supply of medication. • Monitor that medication has been taken.
Psychological	<ul style="list-style-type: none"> • Provide information to professionals so they can identify appropriate psychological treatments. 	<ul style="list-style-type: none"> • Ensure that appointments are kept. • Monitor treatments, identify problems and assist to find appropriate services. 	<ul style="list-style-type: none"> • Ensure that appointments are kept. • Monitor treatments, identify problems and assist to find appropriate services.
Environmental	<ul style="list-style-type: none"> • Assist with care of baby. • Learn practical parenting skills. • Learn about illness and service system. • Learn practical strategies of self-care. • Learn practical strategies of caring for your partner. • Learn coping and problem-solving skills. • Identify risks and decide which ones to take or modify. • Manage family and friends. 	<ul style="list-style-type: none"> • Assist with care of baby. • Care for partner. • Monitor risks. • Continue to seek appropriate training. • Manage family and friends. • Help maintain connection to family and friends. • Find and utilise support services. • Try to make partner feel loved and competent. 	<ul style="list-style-type: none"> • Assist with care of baby. • Care for partner. • Monitor risks. • Continue to seek appropriate training. • Manage family and friends. • Help maintain connection to family and friends. • Find and utilise support services. • Try to make partner feel loved and competent.

	Acute illness	Recovery begun	Recovery established
Environmental (Continued)	<ul style="list-style-type: none"> • Help maintain connection to family and friends. • Find and utilise support services. • Try to make partner feel loved and competent. 		

Suggested readings

Family related

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Milgrom J, Ericksen J, et al. (2009) *Towards Parenthood: Preparing for the Changes and Challenges of a New Baby*. Camberwell, VIC, ACER Press.

Raising Children Network www.raisingchildren.net.au

Child youth health – SA www.cyh.com

Royal Children’s Hospital www.rch.org.au

Circle of security www.circleofsecurity.org

Health

Ashfield J (2009) *Taking Care of Yourself and Your Family: A resource book for good mental health*. Norwood, SA, Peacock Publications.

(Can be ordered for free from www.beyondblue.org.au)

Johnston M and Johnston A (2008) *Living with a Black Dog: How to Take Care of Someone with Depression While Looking after Yourself*. Sydney, Pan.

Joiner TE, Jr. (2005) *Why People Die by Suicide*. Cambridge MA, Harvard University Press.

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Schneider SH (2006) *The Patient from Hell: How I Worked with My Doctors to Get the Best of Modern Medicine and How You Can Too*. Cambridge, MA, Da Capo Press.

Williams M, Teasdale J, et al. (2007) *The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness*. New York, The Guildford Press.

Mental Illness Fellowship	www.mifa.org.au
SANE	www.sane.org
Black Dog Institute	www.blackdoginstitute.org.au
<i>beyondblue</i>	www.beyondblue.org.au
Children of Parents with a Mental Illness	www.copmi.net.au
PANDSI – Post and Ante Natal Depression Support Inc	www.pandsi.org
PANDA – Post and Ante Natal Depression Association	www.panda.org.au
Helen Mayo House	www.wch.sa.gov.au/hmh
Lifeline	13 11 14

Carers

Carers Australia	www.carersaustralia.com.au
Princess Royal Trust for Carers	www.carers.org

