



International Marcé Society June 2011 Newsletter

Dear Marcé Society Members,

In these next few pages, you will find valuable information on what is happening with your colleagues around the globe. The Officers of the Marcé Society wish to make this newsletter member-focused, so we invite you to share with us news from your practice, your region, or your research that you believe other Marcé members could benefit from. Please share it with us by sending it to:

ngreer@parthenonmanagementgroup.com.

We want to remind you to make plans to attend the **next Congress of the Marcé Society, in Paris October 3-5, 2012**. The meeting will be presented in English, with a French translation. Registration is now open and the abstract submission process will commence in November. Please spread the word about this meeting to your colleagues. Click here for the registration form:

http://www.marcesociety.com/documents/events/C90_Grille2_Bulletin-marcesociety2012_ENG.pdf

Our membership is growing! We have members from 18 different countries, and we want to add representation from all corners of the globe. As always, we thank you for your support of membership and we look forward to continuing to bring you the latest news and resources from the front of mental health care for women and their families.

Get to know the executive committee of your society

<http://www.marcesociety.com/Officers.aspx>



IN THIS NEWSLETTER:

-A reminder that you can find the abstracts from the Pittsburgh meeting here:

http://mededppd.org/marce/marce_overview.asp

-Update on next biennial Marcé Society meeting

Update on research and clinical practice and questions for discussion

-You can find a list of discussion recaps from the listserv here:

<http://www.marcesociety.com/References.aspx>

-A reminder of the resources available to you through this link to summaries of papers from the website:

<http://www.marcesociety.com/Reports.aspx>

<http://www.marcesociety.com/Reference-materials.aspx>

<http://www.marcesociety.com/Articles.aspx>

Regional groups news:

-AUSTRALASIAN meeting

-UKIMS next annual meeting in London

News from regional groups activities and clinical practice

-SPAIN: News from the arising Spanish speaking group of the Marcé Society

-INDIA: Maternal Mental Health Services in India

-SOUTH AFRICA: The 2010 Perinatal Mental Health Project South Africa

News from members

-Marcé Society Past President Katherine Wisner receives the 2011 Women in Science Award

-Get to know a Member: Julieanne Beros (Australia)

-Gifting an honorary one-year membership.

Meetings and Conferences around the World

- Visit <http://www.marcesociety.com/Upcoming-meetings.aspx> to view upcoming conferences in the field.

-Call for Papers for the newsletter and website

-Have you written a book? Sell, through our -NEW Amazon Associates program!

International Biennial Congress of The Marcé Society

In collaboration with the Société Marcé Francophone (SMF)

Paris, October 3-5, 2012



Taking action around childbirth together: Mental health prevention and support to parenthood

Agir ensemble en périnatal.

Prévention de la santé mentale et soutien à la parentalité

Congress in English (traduction simultanée en français des plénières)

Early registrations are open (Les inscriptions sont ouvertes) at
<http://www.info-congres.com/programme,,127.html>

Please find the following documents in English on this website:

"POSTER" is presenting the congress argument. Please forward it to all your colleagues
("Affiche" en français)

"REGISTRATION FORM" with prices, reduction for members and registration forms. Very low rate for registration will stay only until the 31st December 2011 ("Bulletin » en français)

"PRE-PROGRAM" you will have it before this summer.

Practical information is on this website to help you preparing your travel:

"LOCALISATION" will show you on a Google map where the congress will be and will be able you to visit this part of Paris using the zoom. You will find near by: the Unesco, the Invalides, the Eiffel Tower, the Petit Palais, the Grand Palais, the Orsay museum, and much more.

"HEBERGEMENT" will provide a list of hotels near the congress venue where you can book yourself for your stay in Paris.

"TRANSPORTS" will give you links to Air France, SNCF (railways in France), and metro map for your travels. "PARKING" will help to find a parking place if you come by car. We look forward to seeing you there!

« **ABSTRACTS SUBMISSION** » will be open between 1st of November 2011 and 31st of December on the website: <http://www.conftool.net>.

RESEARCH AND CLINICAL QUESTIONS OPEN FOR DISCUSSION

By Marcé Member, Ibone Olza

What kind of psychological care should a new mother get when she says she is giving her newborn for adoption? Question from Ibone Olza,

How much should we as mental health professionals explore into the reasons behind the decision? What about the newborn, how should he or she be treated optimally? What would be the best way to make the transition smooth and non traumatic? Are there specific guidelines or topics that should always be considered? We (a team made of neonatologist, nurses, social worker and myself, a perinatal psychiatrist) have asked ourselves these questions as we are trying to set up a hospital protocol for those cases. I decided to ask the Marcé listserv the questions and received some valuable responses, both publicly and privately. Some of the replies raised very important concerns regarding extended family of the mother for example and their feelings as relatives of the newborn. Interesting links were offered, such as: <http://www.quantumparenting.com/> and www.iboneolza.com.

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REGIONAL GROUPS NEWS

Note that for the next Newsletter we are expecting an article from the German speaking group of the Marcé Society

2011 AUSTRALASIAN MARCÉ SOCIETY CONFERENCE in Australia

**Perinatal Mental Health Across the Spectrum:
Causes, Consequences, Context and Care**

**[Next conference 13 and 14 October 2011,
Fremantle, Perth, Western Australia](#) Esplanade Hotel**

**THE UK and IRELAND MARCÉ SOCIETY
Annual Research Meeting 2011 September 8**

IRDB, Imperial College, Du Cane Road, London W12

The Best of Perinatal Mental Health Research and Clinical Practice

Join us in London for the annual UKIMS meeting to hear about the latest developments in perinatal mental health research and practice

Free registration and lunch and tea/coffee for Marcé Society members – visit www.marcesociety.com to join (only £40)

Key-note speaker Naomi Eistenstadt (first director of Sure Start)

New research session and clinical updates

A great opportunity to present your research or clinical service developments-even if at an early stage

Places are limited, to book your place or to submit a request for a presentation slot please email as soon as possible to: Prof Vivette Glover: (v.glover@imperial.ac.uk)

**West Midlands Regional Perinatal Mental Health Conference
(Birmingham, UK)**

The Birmingham and Solihull Mental Health Trust /Marce Society Regional Perinatal Mental Health Conference will take place on July 8th 2011 at the Birmingham Medical Institute. All welcome!

Confirmed speakers include: Professor John Cox (identifying postnatal depression), Dr Margaret Oates (report on the most recent Confidential Enquiry into Maternal Deaths); Dr Ian Jones (postpartum psychosis); Dr Carol Henshaw (normal emotional changes following pregnancy); Dr Dawn Edge (considering BME issues); Dr Amanda Daley (exercise and PND); Dr Jess Heron (predicting relapse of bipolar disorder); Dr Jo McCleery (infant health) and Sukhi Sembi (peer support), among others. Places are limited, so book soon to reserve a place. For further information and a booking form contact: Shazia Hussain (Shazia.hussain@bsmhft.nhs.uk)

History and Development of the Edinburgh Postnatal Depression Scale (EPDS) From Jeni Holden, United Kingdom

Non-psychotic postnatal depression can be a devastating experience for the woman herself and cast a long shadow on her whole family. Until the late 1960's most women suffered in silence, undiagnosed, much less treated. In 1968 Brice Pitt's seminal community study showed that 11% of 330 postnatal women were clinically depressed 6 weeks after delivery and that many were still depressed a year later. Studies by Kumar and Robson (1978), Wolkind et al (1980), and Cox et al (1982) showed results which were remarkably consistent with Pitt's findings.

Something needed to be done to bring recognition to these women. As existing screening scales had proved less than ideal for a community sample of postnatal women, John Cox decided make a new one and recruited an ex-health visitor with a psychology degree (Jeni Holden) and psychiatrist Ruth Sagovsky to help. Doctors in Livingston and Edinburgh and nursing managers agreed to participation in the research.

An interim questionnaire was devised which consisted of 21 items based on clinical experience and on symptoms described by depressed women themselves. These were tried out for their acceptability to postnatal women attending local health centres and the 21 items were finally reduced to 13. Validation comparing scores on the questionnaire with Goldberg's Standardised Psychiatric Interview (the SPI), showed that the scale distinguished satisfactorily between depressed and non-depressed women but 3 items which were found on analysis to be redundant were removed.

The 10-item EPDS was now ready to be tested. It is a simple self-report scale consisting of 10 items, each having 4 possible responses according to severity of the symptom. The mother underlines the response which comes closest to how she has felt during the previous week.

The scale was given to 730 postnatal women by health visitors in Livingston and Edinburgh. Dr Sagovsky interviewed high-scoring women at home, again using Goldberg's SPI. The mother was asked to complete an EPDS and place it in a sealed envelope. It was thus unseen by Dr Sagovsky to maintain experimental blindness. The EPDS scores were later compared with SPI diagnoses. Women found to be depressed were given a similar interview 3 months later.

The 10-item EPDS performed well, a threshold of 12/13 identifying those women likely to be suffering from a clinical depression of varying severity. Importantly, it was readily accepted by the women in our study, many of whom expressed relief and gratitude about being asked how they were feeling (even those who were not depressed). It was also accepted by the health visitors who administered it and by general practitioners.

A great deal was learned from this study but we had no foreknowledge of how widely the EPDS would be used in research and clinical practice around the world

EMERGING REGIONAL GROUPS ACTIVITIES AND CLINICAL PRACTICE

-Note that for the next Newsletter we are expecting news from the Turkish speaking new group of members and from colleagues in China

News From The Spanish Marcé Society



On March 16-19th the Women's Mental Health Conference took place in Madrid. Besides being a very interesting conference it was a good opportunity

for Spanish Perinatal Mental Health professionals to meet and start talking about the new emerging Marcé Spanish Society. There are three members in our country but we are hoping by the end of 2011, there will be many more. Some of the things the professionals in this emerging group have been doing and suggesting were:

- A seminar in perinatal psychiatry in Barcelona in May, organized by Marcé member Dra Lluisa Garcia Esteve and Dra Luisa Imaz.
http://www.aulaclinic.com/media/upload/pdf//pcapp_web_editora_3_111_1.pdf
- A presentation letter that will be sent to a wide range of multidisciplinary professionals working in perinatal mental health to introduce them to the Marcé Society and encourage them to join the Society.
- The possibility of including a study section on perinatal Mental Health at the journal Cuadernos de Psicopatología directed by Dr Josep María Farré from Dexeus Institute <http://www.editorialmedica.com/cuadernos.php>
- A future Marcé meeting in Barcelona end of 2011-early 2012. To share information, including the new Masters in Perinatal and Infant Psychology and Psychopathology organised by the University of Valencia and ASMI, the Spanish affiliate of WAIMH
<http://www.uv.es/postgrau/pdf/castellano/psicologiaypsicopatologia.pdf>
- Ongoing work to update the Spanish section of Marcé webpage with useful scientific resources in Spanish.

For further information please contact: Ibone Olza, Psiquiatría Infanto-juvenil Hospital Puerta de Hierro Majadahonda (iboneolza@gmail.com).

Maternal Mental Health Services in India by Dr Girish N Rao, Associate Professor of Epidemiology, NIMHANS, Bangalore, India (girishnrao@yahoo.com) with inputs by Dr Gururaj G, Professor and Head of Epidemiology, NIMHANS and Dr Prabha S Chandra, Professor of Psychiatry (Perinatology), NIMHANS



The Mother and Child Health (MCH) service is one of the largest national health programs in post-independent India.

The National Mental Health Program (NMHP), in 1982 organized the District Mental Health Program (DMHP), which set the agenda for mental health services in India and attempts to improve mental health services across the country by promoting early recognition, ensuring adequate treatment and rehabilitate patients with mental health problems both as community based and setting based.

The objectives of NMHP are:

- (i) To ensure the availability and accessibility of minimum mental healthcare for all, particularly to the most vulnerable and underprivileged sections of the population
- (ii) To encourage the application of mental health knowledge in general healthcare and social development
- (iii) To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

Maternal mental health services are a missed opportunity in India. The mother is in contact with a health service provider a minimum of 8 times during the antenatal, intranatal and postnatal periods but is not assessed for psychological distress.

Translating evidence-based research into routine service delivery is an ethical imperative. In this context, adopting a ‘problem-solving’ approach with a “missed opportunity” perspective, an operational research project supported by the Ministry of Health and Family Welfare, Government of India, was undertaken in an urban health centre in the city of Bangalore, India. Bundling maternal mental health services along with existing package of MCH services, as a child health promotion activity, would be an important activity in this direction. The Bangalore study, which has identified several operational challenges and solutions to instituting PMH services, should be replicated in a larger geographical area and in more number of centers across the country. To view this full report on this study, please visit:

<http://www.marcesociety.com/Reports.aspx>

2010 Perinatal Mental Health Project South Africa (PMHP) by Simone

Honikman, is Director of PMHP



In South Africa, 1 out of every 3 women living in poverty will experience a mental health problem related to her pregnancy – this is three times the rate in developed countries.

The stress of living in poverty may lead to mental illness during pregnancy due to lack of social support and increased exposure to domestic violence. At the same time, those who live with mental illness are at increased risk of sliding into, or remaining in poverty, as a result of increased health expenditure, lost income, reduced productivity and lost

employment. During pregnancy, abuse and violence are likely to increase, with the severity increasing as the pregnancy progresses.

Dr. Simone Honikman, is Director of PMHP and a Marcé Society Member. The recent spate of baby abandonments in the Western Cape is a significant reminder of the lack of meaningful support for women in distress. The PMHP works to provide a model for national maternal mental health service integration in fulfillment of the Mental Health Act of 2003. The project aims to fill this current gap in maternal mental health services. It is the only project providing this service in South Africa, and only one of a handful in the developing world. The PMHP's guiding philosophy is that caring for mothers is caring for the future development of the child.

When mothers are provided with the support that they need, they are then more likely to draw on their resilience and care for their families in the healthiest possible way. To achieve this aim, the PMHP works with vulnerable women, civil society, international organizations, academic and government institutions by implementing 4 interrelated programs. These programs develop an innovative model for integrated mental health services and include: a pragmatic mental health service, responsive teaching and training, iterative research and advocacy. Refugees have often witnessed or participated in violent and brutal acts, and many of them of course, want to leave this traumatic past behind. Entering into a therapeutic relationship, which will 'exhume' the past and requires a relationship of trust, is therefore difficult. The PMHP has, for the past several years, conducted research for the development of maternal mental health services. In collaboration with the Department of Health, the PMHP has developed a pragmatic approach which is preventative and promotes an integrated, multi-pronged mental health service model. The four components of this model are:

1. Mental health services
2. Teaching and training
3. Research
4. Advocacy and policy development

To view the full report and learn more about the innovation taking place with the PMHP, please visit: <http://www.marcesociety.com/Reports.aspx>.

NEWS FROM MEMBERS

Marcé Society Past President, Dr. Katherine Wisner receives the 2011 Women in Science Award from the American Medical Women's Association.



University of Pittsburgh Medical Center (UPMC) psychiatrist Katherine L. Wisner, MD, MS, a pioneer in the study of postpartum depression in women, is the recipient of the 2011 Women in Science Award from the American Medical Women's Association.

The award is given to a female physician who has made exceptional contributions to medical science, especially in women's health, through research, publications, and leadership.

"I am excited and honored to receive this award," Dr. Wisner told *Medscape Medical News*. "I entered medicine at a time when little was known about perinatal mental health, and I accept the award in honor of the many women who have participated in studies that have advanced our knowledge about perinatal mental disorders and treatments."

Dr. Wisner said she became a physician because she couldn't become a veterinarian. "I had horses as a girl and worked in a veterinary clinic. I had studied chemistry and biology in college, and I applied to vet school twice and was rejected twice," she recalled.

"The dean of the vet school told me point blank — this was in 1974 — that women don't make good large animal vets, which was what I wanted to be. Now, of course, the vast majority of graduates of veterinary school are women, and many are wonderful large animal vets. Anyway, I loved medicine and figured if I couldn't take care of animals I'd try to take care of people." As it turned out, her timing for going into medicine was excellent. "At the time, we were pondering as a society why all the data were based on men," she said. "We didn't want to include women with messy menstrual cycles and pregnancy — so I was able to carve out women's mental health as an area of research." The lack of understanding about women's mental health around the time of pregnancy motivated Dr. Wisner to seek answers. "When I started in the mid-80s, I was seeing women patients who were pregnant and postpartum, and I would go to the supervising, largely male faculty and I would describe the cases, and they would say 'women are fulfilled when they are pregnant, so they are not mentally ill.' This was in the mid-1980s, so really not that long ago," she recalled. "I had to go to England to get a lot of my initial training because they were far more ahead with attention to perinatal psychiatric

disorders in Europe than here. They have mother-baby units in England and much of Europe, as well as Japan. If a mother gets depressed she and the baby are admitted to the psychiatric unit together because the baby is viewed as important to the mom's treatment, plus it allows for breastfeeding continuity. There is only 1 mother-baby unit in America; so it's very rare. They are much more sophisticated about treatments for postpartum depression than we are."

So many people early in my career said, "there isn't any such thing as postpartum depression, women are fulfilled in pregnancy, you're never going to develop a research career with this topic, and on and on and on. But you have to be firm and not allow people to pull you away from the evidence in front of you." She adds that it would have been easier to study something that everybody else was studying. "But that's not what is needed. We must get data on things that aren't being studied, and pregnant women have been neglected for so long." To read more about Dr. Wisner, and what she is working on now, you may view the full article at: <http://www.marcesociety.com/Articles.aspx>.

Marcé Member Julieanne Beros, Australia



Julieanne Beros from Australia has recently started a service to her community supporting and managing women with mental health issues, including lactation consultancy. Julieanne's objectives in operating this service is to support women in the postnatal period with:

- * issues of mental health. Including assessment and referral as necessary.
- * breastfeeding and any problems/ concerns that may arise.* Diagnosis and treatment of breast feeding difficulties
- * Mothercrafting, including sleep management and settling techniques.

If you would like more information on Julieanne's practice please email her at: Julieanne.Beros@health.wa.gov.au.

Each newsletter, we want to showcase our members and what types of practices Marcé members have around the world. To this end, please send us information about your specialty area, and we will feature you in the newsletter. You may email us at: ngreer@parthenonmanagementgroup.com.

The gift of a one-year honorary membership!

Do you know someone who is retiring from the perinatal field? Why not honor their service to women's mental health by gifting a one-year Marcé membership to them, so they might stay in touch with what is happening in their area of work, and even continue to contribute to the conversation among members around the globe. If you are interested in this opportunity for someone, please email us at: ngreer@parthenonmanagementgroup.com.

MEETINGS AND CONFERENCES AROUND THE WORLD

Meetings and Conferences around the World

To view a listing of upcoming events related to the field of perinatal mental health, please visit: <http://www.marcesociety.com/Upcoming-meetings.aspx>.



Vivette Glover, Mike O'Hara, Nine Glangeaud, Katherine Wisner, and Martin Kammerer speakers at the Marcé society symposium entitled: "Psychopathology and its Treatment: Implications for the Fetus and Infant", at the World Congress of Women's Mental Health Congress in Madrid, 2011.

We call for members to set up, in collaboration with the officers, a Marcé Society symposium at other important international meetings. You may email us at: ngreer@parthenonmanagementgroup.com.

Call for Papers

Marcé members, please notify us of any conferences that you are participating in and would like to notify members about. You may email us at: ngreer@parthenonmanagementgroup.com.

Published Books

A new service for members! We will soon be posting books written by Marcé members on our website linking to Amazon. Not only will this be a great service to promote books written by members, but when you click through to Amazon and purchase that book, the Marcé Society will receive a portion of the profits. Please send us a link to a book that you may have written, related to the field. Additionally, we would like to request for members to volunteer to review books or, you may put yours up for review. To participate in this, please email us at: ngreer@parthenonmanagementgroup.com.