

Mothers'

Mental Health Toolkit

A Resource for the Community

Developed by:

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Reproductive Mental Health Service

Halifax, Nova Scotia

Mothers'

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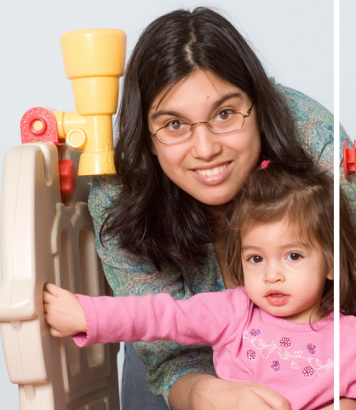
A Resource for the Community





A mother's mental health is critical to the physical, mental, and emotional wellbeing of herself and her children.

The adjustment to mothering is always a big step in a woman's personal development. Significant mental and emotional problems are one of the most common complications of childbirth, affecting at least two in ten women.



How do our communities support women in adapting to the demands of the job of mothering in the face of a mental health problem?





This toolkit was developed as a public resource for community service providers and families for education, advocacy, and treatment support for mothers with mental health problems. The materials are drawn from general medical and clinical knowledge and the particular experience of the principal developers, together with a wide variety of information in the broad public realm. Included are original descriptions and writing from the author/developers. Where possible effort was made to provide specific acknowledgement of other original sources. As well, we have included general lists of references and resources, print and web-based. The toolkit was not developed for commercial purposes and is not intended for commercial use.

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This version of the Mothers' Mental Health Toolkit now represents a broad national collaborative effort. We have been supported by a very active Advisory Committee representing all the regions of Canada, as well as the North. They have provided review and consultation throughout the project and reflect the base of this project in the experiences of mothers and families attending Community Action Programs for Children (CAPC) and Canada Prenatal Nutrition Programs (CPNP) throughout the country. The support of these programs by the Public Health Agency of Canada provides long-term funding to community coalitions to deliver targeted programs that address the health and development of children 0-6 years who are living in conditions of risk. Communities differ across our country and will have an ability to identify and respond to the particular needs of their children, placing a strong emphasis on community character and knowledge, effective partnering and broader capacity building.

The process to develop the Mothers' Mental Health Toolkit included:

- Research on existing resources
- Consultation with communities around issues of need and priority
- Development of the Toolkit as a community-driven resource with CAPC/CPNP settings specifically in mind.
- Development and dissemination of the Toolkit resource with accompanying training and usage aids.
- Advocacy for community mental health literacy and lessened stigma around issues on mothers' mental health and the implications for family and child outcomes.

The subsequent National Advisory Committee is enriched by the following members:

- Carla Hitchcock, Executive Director – Fredericton Regional Family Resource Centre, NB
- Gaëtane Tremblay, Directrice Générale - Groupe Les Relevailles, Québec, QC
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Introduction

Rationale for a Mothers' Mental Health Toolkit

Research in maternal mental health provides a clear call for the importance of increased support and intervention for the higher-risk women and children. This Toolkit has been developed as a practical resource for women, their family and friends, and community service providers.

The definition of mother is broad, including biological and non-biological mothers, those with a male or female partner, single mothers, and relatives acting in the role of mother.

Mothering is one of the most important jobs in any community. Mothers provide food, safety, warmth, clothing, connection, love, and a sense of personal importance to the young children who have a critical dependency on them. Mothers also have the all-important job of shaping their children's fundamental sense of self-esteem, belonging, capacity, coping, responsibility, ability, and contribution to community.

A mother's mental health enhances her capacity to promote healthy practices emotionally and physically for her children, creates stability of self and emotional regulation for young children, and supports strong parent-child attachment critical to behavioural regulation, self-worth, and resiliency in developing children.

The job of mothering can begin without training or mentoring, in circumstances of tremendous social stress. Yet mothering is often thought to be instinctive or something that can be improved upon by a few tips in a magazine. Many women speak of feeling unprepared for the job and being already exhausted by life stressors such as poverty, mental health issues, racism, or a history of abuse, to name a few.

Unwell mothers can be found in all sectors of neighbourhood, region, economic status, education, race, ethnicity, language, and belief.

The most vulnerable women lack the family, personal, and financial supports to buffer the impact of a mental health issue on their function.

When mothers have chronic or untreated mental health problems their children have demonstrated delays in educational, physical, and emotional development. This affects our communities and our society at large.

Challenges to mothers' mental health are identified every day by the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects and their community colleagues. Formal mental health services are in high demand and deficits in primary health care are identified in both rural and urban communities.

Women may not know how to describe their mental health issues or where to seek help. We know that gender can be a determinant of mental health. Women are more likely to experience violence, live in poverty, and still carry the bulk of responsibility for child-rearing. Many women have had difficult or traumatic life experiences, which may influence their efficacy and confidence in mothering.

A woman is at the highest risk in her lifetime of developing a new mental illness in the first year after a baby is born. At least 15 per cent of new mothers experience significant postpartum mood disorders and many more report important difficulties in coping and adjusting.

Sixty to seventy per cent of women with a serious postpartum mood disorder have no previous history to alert them, so the illness takes them and their partners and families by surprise, often at a time when everyone expects a new baby to bring happiness into the family. It is concerning that 50 per cent of women with a postpartum mood disorder never seek treatment.



Without treatment and support, 30 per cent will remain chronically affected and symptomatic, limited in their capacity to mother, to work, and to engage in their community.

We don't yet understand all the factors that keep women from seeking help or treatment.

Experience and research suggest these are major factors:

- **limited understanding of mental health issues**
- **lack of awareness of options**
- **stigma**
- **low self-worth**
- **limitations of finances and transportation**
- **fear that her child will be taken from her care**

With other illnesses, a woman might be “put off the job” to allow for treatment and recovery. It is very difficult to be given a break from the job of mothering without a lot of understanding and support from other people in the mother's life. For physical complications of pregnancy or childbirth, we would promote healthy practices; monitor for difficulties; and recommend full and timely assessment, interventions, and treatments to limit the impact of the illness. The same is necessary for a return to good mental health.

Community service providers can be critical in highlighting the importance of mothers' mental health, providing an opportunity for women to examine their strengths and their concerns, screening for difficulties, and helping with access to or provision of mental health care.

Examples of community service providers include but are not limited to public health nurse, general practitioner, mental health therapist, Family Resource Centre staff and CAPC/CPNP.

All providers serving women and families can play a role in educating women about postpartum mood disorders – letting them know

the experience is common, reducing stigma, and advocating for interventions and treatments. Every woman works through change more productively with active support, which community service providers are ideally positioned to provide.

The Mothers' Mental Health Toolkit is a collaborative, community-based project intended to bring together service providers and mental health professionals with an interest in promoting the emotional development and enhancement of mothers in your region, with a focus on our particularly vulnerable mothers. Included are tools that can be used by the service provider to lead discussion and by the woman directly. They focus on wellness promotion as well as on symptom identification and illness interventions.

The Mothers' Mental Health Toolkit project team was interested in broadening the capacity of our community to recognize risk, promote the visibility and importance of mental health of women parents, and reduce the impact on young children. The approach is a strengths-based one where the dimensions of body, mind, emotion, understanding, and connection are all taken into consideration.

To confirm and sharpen our understanding, the Toolkit team facilitated focus groups to gather real women's experiences in the Atlantic Canadian community. The focus group results highlighted areas for improvement in connecting with and serving mothers in need.

In addition, a service provider survey was created by the co-coordinators and program assistant.

Both the focus groups and the survey highlighted the need for information and services focused on maternal mental health. Deficits identified ranged from supportive treatments for women and children to emergency services for families dealing with mental illness.

The Mothers' Mental Health Toolkit is a hopeful first step toward a broad engagement of service providers and community resources in the promotion of mothers' wellness and advancement.



How to use the Toolkit

The **Mothers' Mental Health Toolkit** is intended as a practical resource for women directly, for their family and friends, and for community service providers. It is a combination in a workbook format, of newly developed materials, with edited, referenced existing resources. It includes materials for mental health promotion, education, screening, intervention, and advocacy.

The Toolkit contains materials for service providers and for use directly with and by women, and the two types of material are distinguishable by their different styles. Materials for the women are listed by title immediately after the Contents.

The initial sections begin with a focus on mothers' general adaptation to motherhood and with the principles of wellness and self-care. Then further definitions of elements of risk for mental health problems is offered, as well as potential screening tools for problem definition or possible diagnosis. Interventions and treatments are simply explained and additional supportive care described around emotional coping, relationship stability, and parenting as part of a holistic recovery plan.

The Toolkit can help in developing and protecting a mother's mental wellness, help her recognize and describe distress and altered function, and provide a community starting point for encouraging women to seek assessment and care within primary or mental health services. It is not a diagnostic or treatment manual, but can support the description of the problem and guide a process of recovery.

The Toolkit can be used by CAPC/CPNP projects or other community groups and agencies as a source of background information for the service provider working on a particular problem with an individual woman. The project team was interested in broadening our community capacity generally to acknowledge mental health problems, recognize risk, promote the visibility and importance of mental health for women parents, and reduce the impact on their young children. The materials could be used to create community education presentations or projects, highlighting the dimensions of mothers' emotional challenges, necessary supports, and vulnerability to particular illnesses.

The information is designed to be general and universal in many respects, but cannot be entirely comprehensive or inclusive. Future adaptations may be necessary to benefit particular populations or settings.

Please consult the Contents to be directed to particular sections. The List of Sheets for the Women that follows the Contents will help you go directly to a particular piece of information or self-exploring exercise for a woman.



Chapters and Tabs

Chapters
Each chapter is numbered and colour-coded.

Chapter 1
Mothers' Wellness and Self-Care

The importance of mothers taking care of themselves cannot be overestimated. If a woman is not well – in her body, mind, and emotions – she is more prone to physical illness and mental health issues, and she is also less likely to be able to provide the best care for her child(ren).

This wellness and self-care section covers the dimensions of:

- Body health with information on nutrition, fitness/movement, and sleep
- Mental health with information on relaxation and stress management
- Emotional health with information on substance use and self-development

All of the information in this section is intended for use by mothers, either working and exploring with your help or taking worksheets home with them. It is recommended that follow-up review and support be given for work done by the woman alone.

The checklist on the following page is a good introduction to the general concept of self-care for the women you work with. Awareness can be a first step in helping women assess themselves and the areas where they most need help – defining a focus for both of you. Remember to suggest the women follow up with you and healthcare providers about her checklist priorities. You may be able to add examples specifically for this mother and your community.

Body Health
Mental Health
Emotional Health

Service Provider

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Service Provider

things happening in communities around Atlantic Canada. Source Centres are actively involved in promoting mothers' mental ways. Here are three examples of initiatives that are underway

Tabs
The tabs on the side of each page indicate whether the page is for the mother or service provider.

Chapter Colours

Each chapter is colour-coded as follows:

Mothers' Wellness and Self-Care

Chapter

1

The Mothering Role

Chapter

2

Understanding Mothers' Mental Health

Chapter

3

Assessment and Screening

Chapter

4

Intervention and Treatments

Chapter

5

Supporting Recovery

Chapter

6

Community Action

Chapter

7

Self-Care Checklist ✓

Being a mother is hard work. In fact, some call it the hardest job in the world.

It's important that mothers take care of themselves as well as their children. This checklist will help you figure out how you are doing at taking care of yourself and identify areas you might need help with. It is helpful to discuss this checklist with a support person or service provider; sometimes an outside view can make things clearer.

Adapted from www.houstonpostpartum.com/checklist.htm

Example:

	How are you doing now? (0 = worst, 5 = best)	How important is this item to you? (0 = least important, 5 = most important)	Would you like help with this? (✓ For yes)	What would that help look like?
Nutrition/Food (do you think you're eating well?)	2 (poorly)	5	✓	My boyfriend to help make meals
Movement/Exercise (do you feel you are getting enough movement?)	3 (doing OK)	3		Even 15 minutes without the baby to do a few exercises
Sleep/Rest (do you have time to recharge?)	1 (very poorly)	4	✓	I could try to plan for a short rest every day
Relaxation (do you get time to yourself?)	4 (fairly well)	3		Watching my favourite show could be my time off
Stress (are you upset and/or anxious?)	4 (fairly well)	4		Learning which problems I could maybe do something about
Substance Use (do you use alcohol, drugs, or cigarettes to cope?)	5 (doing excellent)	5		Having my friend distract me when I am trying to cut down on smokes
Self-esteem (how do you feel about yourself?)	1 (very low)	4	✓	Asking someone I trust things I do well

Self-Care Checklist ✓

Mother

	How are you doing now? (0 = worst, 5 = best)	How important is this item to you? (0 = least important, 5 = most important)	Would you like help with this? (✓ For yes)	What would that help look like?
Nutrition/Food (do you think you're eating well?)				
Movement/Exercise (do you feel you are getting enough movement?)				
Sleep/Rest (do you have time to recharge?)				
Relaxation (do you get time to yourself?)				
Stress (are you upset and/or anxious?)				
Substance Use (do you use alcohol, drugs, or cigarettes to cope?)				
Self-esteem (how do you feel about yourself?)				

Your Body Health is Important

Think back to when you last lost your temper or had a big melt-down. Now try to remember if your response might have been related to your toddler being up all night or the fact that you had a chocolate bar for supper.

When you're overtired or haven't eaten properly or your body is aching all over, you're more likely to get upset at something you'd normally be able to handle. It's all about balance. If your body feels okay, then you're not as likely to lose it, and that's better for everybody!

Body health includes things like:

- getting enough sleep
- stretching and moving
- eating nutritious food that will keep you going
- cutting back on harmful habits
- relaxing from the hard work of mothering
- paying attention to any aches and pains that won't go away and getting help

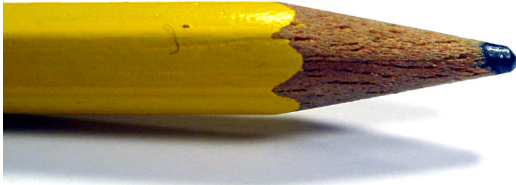
The chart that follows will help you figure out exactly how your body is doing and highlight any areas you might want to pay attention to. You may want to post this chart on your fridge so you remember to fill it out.

If you're a new mom, your doctor or other health provider should check on your health as well as your baby's. Take this list to your doctor to highlight your symptoms and concerns.

Sometimes women live in areas where it is difficult to access a doctor. If this is the case, please contact a community service provider such as a public health nurse, mental health social worker, or family resource staff person. With their help you may learn about what services are provided in your local area.

Your Body Health is Important ✓

Mother



	daily	weekly	monthly	once in a while
headache				
tiredness				
dizziness				
breathing problems				
heart racing				
muscle aches and pains				
back pain				
tummy trouble				
bowel trouble (constipation, diarrhea)				
bladder/urine (burning, itching, pain when urinating)				
menstrual problems (irregular periods)				
gynecological issues (vaginal infections, pain or bleeding during sex)				
other?				
other?				

Medical Tests for New Mothers

Everyone looks to the needs of the babies and children. In a busy life the mom's health may be missed. Your doctor or health provider may need to check up on your health as well as your baby's.

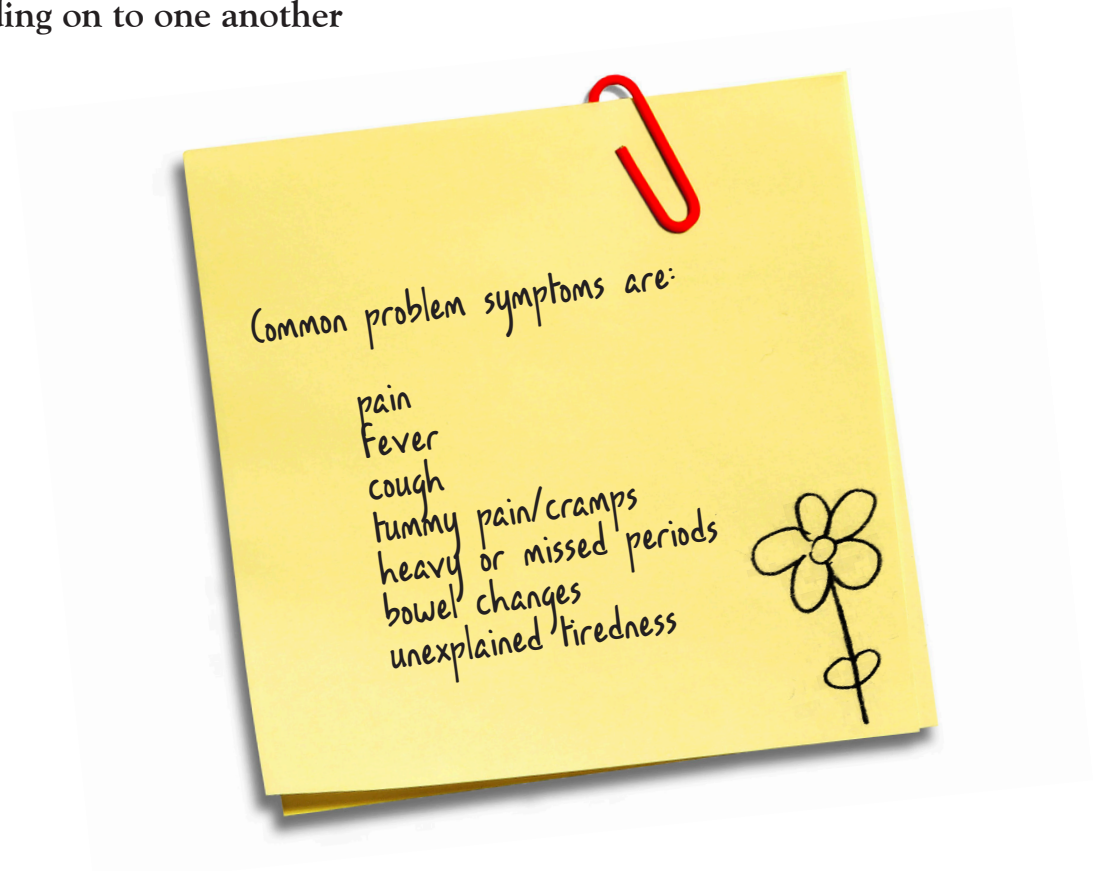
Blood work can check for infection, low energy in the blood, hormone balance problems, how the liver and kidneys are working, and cycles and periods.

Sometimes a physical exam helps to know the body is working okay.

Sometimes x-rays help show how our lungs, heart, and abdomen are working.

Signs you need a check-up:

- symptoms that don't get better
- symptoms that are gradually getting worse
- symptoms adding on to one another



Preparing for my Medical Appointment

For ME:

Things to TELL the doctor/practitioner about my health:

Example: I am having trouble sleeping.

Things to ASK the doctor/practitioner about my health:

Example: Should I have my thyroid checked?

Preparing for my Medical Appointment

Mother

For MY CHILD:

Things to TELL the doctor/practitioner about my child's health:

Example: He pulls his right ear and cried sometimes.

Things to ASK the doctor/practitioner about my child's health:

Example: Do you think he is old enough to have some cereal at bedtime?

Food is how you fuel up for the busy job of being a mother. The brain needs fuel and nutrients to think and manage emotion.

Sometimes things get in the way of eating properly!:

Eating Problem (Examples)	Any Strategies? (Examples)
not enough money	pay for must-have foods first
not enough time	plan for 2-5 minute nutrition breaks per day
Feeling upset or overwhelmed	
worry about my weight	
other problems	

Tips that can help you fuel up:

- Breakfast will start your day off right, helping your body and brain wake up.
- Figure out what time of the day you are most hungry and eat your biggest meal then.
- If you're not feeling hungry, try eating small amounts every few hours.
- Try to eat some of the foods with the highest nutrition value, such as milk and cheese, eggs, tuna/salmon, chicken, carrots, broccoli, whole wheat pasta, apples, and blueberries.
- Try to snack when you feed your children and carry snacks if you're out – whole grain crackers, apples, bananas, and granola bars can go anywhere.
- When you can, make extra food and use the leftovers the next day – they are easy to heat up and can save you time.
- Eat at least one fruit and one vegetable every day (frozen or canned can save you money). Canada's Food Guide recommends we get 7 to 8 servings of fruits and vegetables every day.
- Drink water whenever you can! Try to cut back on caffeine and alcohol.
- If you can afford a multivitamin, it may help you get the proper amount of vitamins and minerals. But multivitamins can't replace the goodness of food.

Tips for grocery shopping on a budget:

- ✓ Make a list and stick to it.
- ✓ Buy products when they are on sale and buy in bulk the items you use frequently.
- ✓ Try store-brand or no-name items; they are often the same quality as name brands.
- ✓ Buy local fresh fruits and vegetables (they are cheaper).
- ✓ Cook in larger batches and freeze or eat as leftovers (saves time and money).
- ✓ Try to find a friend who might share costs and preparation with you.

Family Resource Centre staff may be able to supply information on access to local food banks, community centres, neighbourhood houses, shared harvest programs, and faith communities who distribute food to families in need, as well as information on nutrition, and programming that supports healthy eating.

If you are on some form of income assistance you can ask.

You may be able to get more money for food under special diet provisions for income assistance in your region.

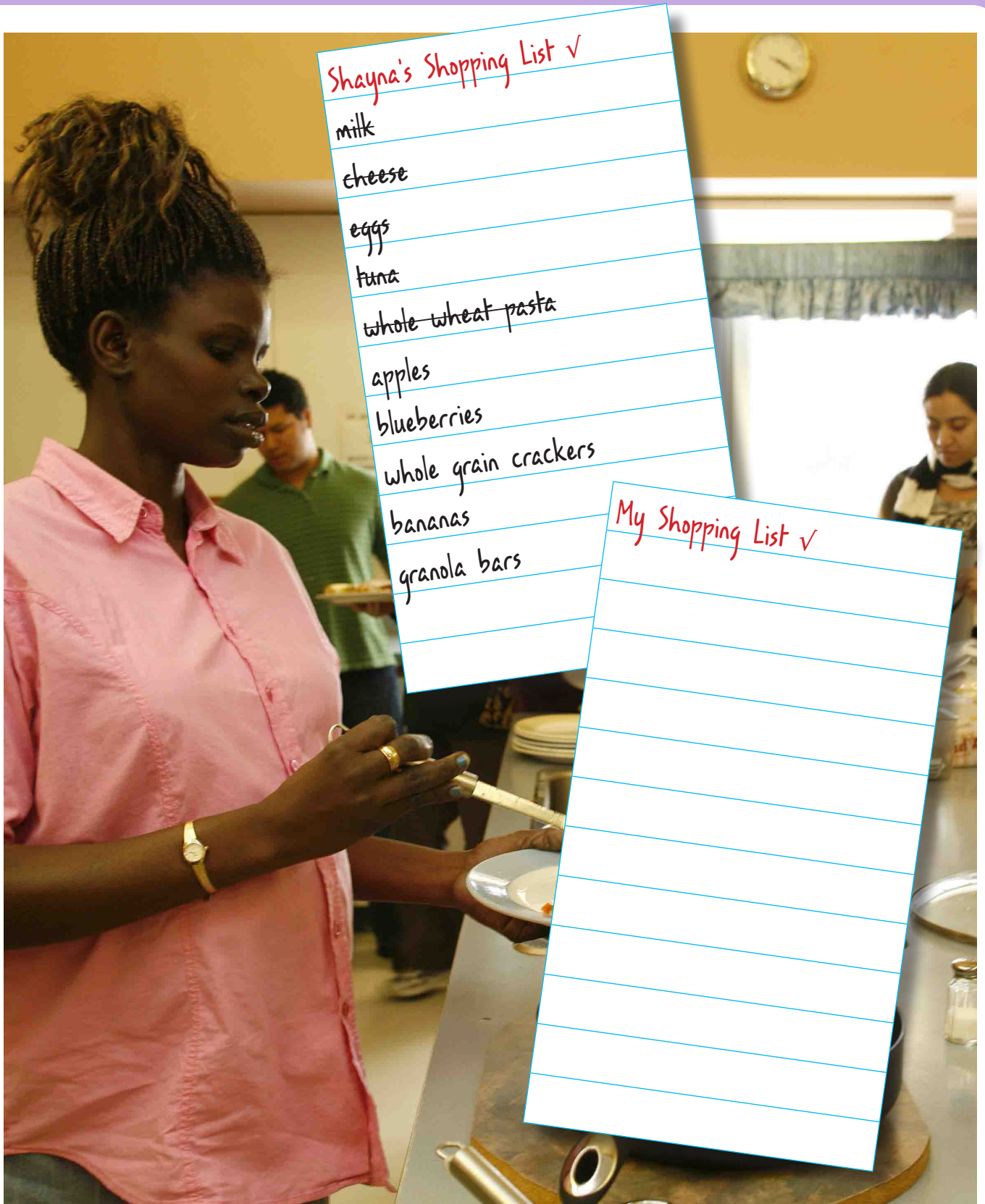


Did you know?

In some areas, pregnant women and women with children under the age of one who are on income assistance are entitled to a monthly maternal allowance. Inform your caseworker of your pregnancy or birth as soon as you can.

Your pregnancy or infant health care professional may know of opportunities for prenatal supplements, special food sources or programs in your area. Food feeds the brain and the body, for you and your children.





Food and Feelings Diary

Food can be for fun, for energy, for nutrition, for sharing, and for celebrating your culture. Healthy eating includes understanding how our emotions can change food behaviours and patterns of eating. When, where, how and what we eat can be connected to how we feel about ourselves and our lives.

Try exploring your links between food and feelings. Keep a record for a few days, especially on different or difficult days. Do you see any links or patterns? You can show this diary to your health care provider or counsellor.

Food/Feelings Diary					
date/time	the food	how much	the place	my thoughts	my feelings
example: Friday, 10p.m.	cookies	4	standing in kitchen	I shouldn't be eating these	bored, lonely

Moms can't always find the time or place for physical activities. However, we all feel better when our bodies get regular activity and stretching. Movement can help with stress and tension and encourage better sleep patterns. A walk to the corner store or playing with your children counts as exercise!

If you're currently not active at all, try starting with 15 minutes a day and see if it helps improve your mood. Try it even when you feel tired, sad, or frustrated.

It can be very difficult to exercise on a regular basis while caring for small children. **Here's some ideas for how to do both:**

Dance with your baby

Using a sling or carrier or just holding your baby in your arms, turn on some music (not too loud!) and free dance with your child.

If you have older children, they can dance with you too. Not only will you feel better, but your children are learning to enjoy rhythm, movement, and music and get some exercise too!

Interval walking with baby in stroller

How to do it:

This walk is marked by two speeds. You'll start with one minute of walking at a moderately brisk pace (a 13- to 14-minute half-kilometre). At the end of one minute, switch to a very fast pace (a 12-minute half-kilometre) for a minute. You'll repeat each of these one-minute intervals five times.



Exercise with Baby!

Form facts:

When you're switching to the faster-paced walk, take shorter, quicker steps – don't lengthen your stride. And if you're walking alone or with your baby in a front carrier, pump your arms more rapidly to pick up speed. No matter what, don't slow down too much during the slower minutes – you still want to maintain a challenging pace.

Quick tip:

If you don't want to be constantly eyeing your watch, time your intervals using telephone poles. Simply switch paces after every five you pass. (You'll still need a watch or alarm to tell you when you've walked for the entire 10 minutes.)

Adapted from www.babyzone.com

Try This!

Crunch with Twist

Sit down on the floor with your knees bent and feet flat.

Hold your baby across your chest.

Sit up as tall as you can and then lean back until your stomach is tight.

You can hold this position for 10 or 15 seconds or do a slight twist in each direction and hold.



Exercise and Movement #2
My Exercise Ideas

The best activities can be the ones you come up with yourself or that are common to your family or traditions, because those are the things you're probably most interested in and likely to keep doing! Use this chart below to come up with some ideas of fun activities for you and/or you and your children. And then try it out.

activity idea	where?	with whom?	for how long?

There's Nothing Like a Good Night's Sleep

Enough sleep can be difficult to get for mothers. Sleep allows our brain and body to regroup, with better mood control and stress tolerance as a result.

Rest may not be the same as sleep, but mothers need these time outs as well to recharge. Take small breaks. Do simple things you enjoy, that relax you, to reset your energy and interest.

Test this recipe for sleep

Sometimes it is challenging for mothers to get a full night's sleep. If there is someone who can help with the baby at night, let him/her, and give yourself time to rest and recharge. However, if your children are sleeping through the night and you're still having trouble, here are some helpful tips:



Recipe

Try to reduce consuming caffeine, energy drinks, and smoking during the day.

Avoid alcohol at bedtime as it can appear to relax you, but will actually disrupt your sleep during the night.

Eat a small snack but not a large meal before bed.

Take it easy at bedtime - nothing too active. Try a warm bath; warm milk; or deep, relaxing breaths.

Try sleeping in the same place every night.

Make any to-do lists early in the evening and then try not to think about problems that need solving or things that need doing.

Try to use positive images where you picture yourself relaxing and sleeping well.

There's Nothing Like a Good Night's Sleep

Here are some questions to help you become more aware of your sleep patterns. If you are worried about your sleep, please share this list with your doctor or health care provider.

How many hours do I sleep at night?

Is my sleep different from night to night?

Where do I sleep?

Who else sleeps with me? What is their sleep like?

What was my sleep style before I became a mother? Has it changed?

Do I have a routine for sleep?

Are there any substances that make me sleepy? Or make me more alert?

Is there anyone who could help out so I can get more rest?

Do I have nightmares or anything unusual happening in my sleep?

Have I ever taken medications to help with sleep?

Do I sleep in the daytime?

Are there any situations where I make my own rest and sleep come first?

Other Women's Relaxing Ideas

Relaxation means different things to different people. For some, it means sleep. For others, it means a vacation. And for others, it means a break from worrying and feeling stressed.

Here are some ideas that other women have come up with to relax:

"I lie down and at least rest while the baby sleeps; then I do some jobs."

Once or twice I've had to go to the bathroom to find a few minutes for myself.

"Music always takes me away; sometimes I dance by myself!"

"Sometimes I need to just sit and not do anything."

"I sit back and watch my favourite show; even if I have to tape it."

"I try to close my eyes and think of old times that give me a laugh."

"I'll try to screen phone calls, because I can only deal with certain people right now."

"I'll make a list for the day, but leave some free time."

It's important to take care of yourself, even while you're taking care of your baby or other children. As a mother, you'll find that you just can't get as much done as you used to and that's okay.

And even if there are other things undone, it might help to take time for a relaxation exercise like the ones on the next page.

Sample Relaxation Practices

Muscle Relaxation

Lie down on the floor and stretch out your arms to the side, your legs slightly apart. Close your eyes and picture lying in a large clean empty room with a very easy breeze coming in the window. You can hear waves softly coming outside and a few birds calling.

Stretch your arms out as though you can touch the side walls and then relax them there.

Next, point your feet towards the end wall, hold, and then relax.

Stretch up through your neck and reach the very top of your head towards the back wall.

Now, just let your body go where it wants and breathe out like you're softly blowing out a candle.

Breathing Relaxation

Controlled breathing exercises can help your whole body and mind relax. Sit or lie in a comfortable position for you. Close your eyes or stare at a pleasant object in the room that doesn't move. Imagine your body as a balloon.

Breathe in through your nose and out through your mouth as slowly and evenly as possible. Fill the balloon up with air until it feels slightly uncomfortable and tight. Hold that breath briefly. You'll feel your shoulders rise. Like blowing out a candle, begin to let the air out of the balloon, all the way until your lungs feel almost empty. Your shoulders will relax down as the air goes out.

Repeat the rhythm of breathing in and out as slowly and deliberately as possible for 5 to 10 minutes, trying to focus on how your body feels as you do this. Busy thoughts may try to come in, but put them aside to focus back on your important job of only breathing.



Stress

The bills are due but there's no money. Your baby has to go to the hospital in the middle of the night. The principal wants to meet with you to discuss your son's behaviour at school. These are just some examples of stressful situations.

Even positive changes may cause us to feel a certain amount of stress; adjusting to changes affects us all. Everyone has stress in their lives – the situations just look different.

Managing stress is important to mental wellness and coping. Here are some things to keep in mind when you're dealing with stress.

Focus on what you **can do**, not what is wrong. Taking a few simple and positive steps will make you feel better about yourself and your ability to cope.

- **Brainstorm possible solutions (doing this with a friend can be fun).**
- **Break your problem down into manageable chunks.**
- **Make a plan with steps and put it into action.**

Get support.

- **Resist the urge to give up or run away.**
- **Try not to bottle up your emotions; express your feelings by talking or writing them down.**

- **Ask for help from family or friends (child care, daily tasks).**

Take care of yourself.

- **Eat healthy foods and drink lots of water.**
- **Do something active every day.**
- **Plan fun activities.**
- **Spend time with people who love you.**
- **Try to get a good night's sleep.**

If your strategies don't change your experience of stress, you may want to find professional help.

There are many places you can go for help, including your family doctor or a drop-in health clinic. If you feel you might harm yourself or someone else, let someone who cares about you know what is happening so they can help keep you and your loved ones safe.

Please speak to your health care provider about local resources that provide parenting support.

There is no one way to cope with stress. Different coping actions work for different people. Try out some options to see what helps you!

Could I be Overstressed? ✓

Changes in my body

- _____ My muscles feel tense.
- _____ My breathing and heart rate feel quicker.
- _____ I'm having headaches or stomach aches.
- _____ I'm seeing changes in my sleep or appetite.
- _____ I've had diarrhea.
- _____ I'm feeling tired.

Changes in my actions

- _____ I'm using more alcohol.
- _____ I find myself withdrawing from others.
- _____ I'm smoking more.
- _____ I'm drinking more coffee.
- _____ I'm using other drugs.
- _____ I don't have as much patience as usual.
- _____ I've been avoiding situations that are stressful.
- _____ I keep fidgeting.

Changes in my emotions

- _____ I feel worried and confused.
- _____ I'm angry and irritable.
- _____ I'm sad and depressed.
- _____ I feel like I can't cope.

Changes in my thinking

- _____ I'm having trouble concentrating, remembering, making decisions.
- _____ My thoughts are racing.
- _____ I've lost my self-confidence.
- _____ I have a negative attitude towards myself and my life.

Signs of stress may include changes in your body, actions, emotions, and thinking. Identifying these changes may help you better manage your stress. Check any that apply to you below. If you check yes to most or all of these items then you may want to speak with a health care provider about ways to manage stress. This could include groups run by mental health providers, self-help groups, or individual counselling.

*Adapted from Wellness module 2: stress and well being. Primer Fact Sheets | 2009
| Stress | www.heretohelp.bc.ca*

Balancing Needs and Saving Energy

In times of stress, it's important to focus on what needs to be done and what can wait.

Try using this chart to help you make things easier to manage.

daily tasks (have to)	things that can wait until another day
example: feed the baby	example: three days' worth of laundry

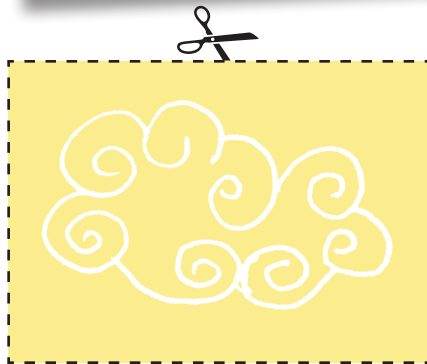
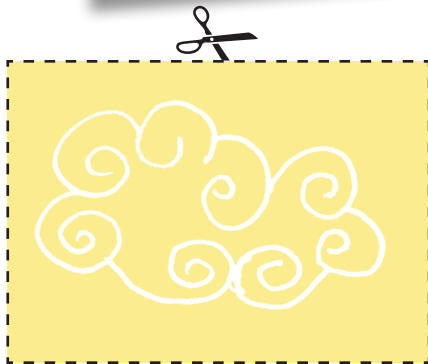
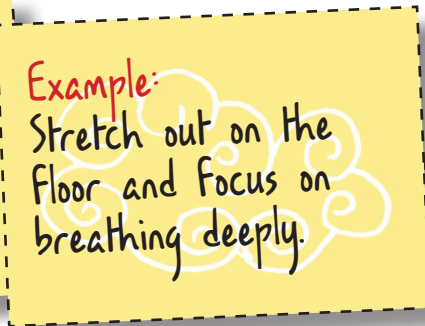


Balancing Needs and Saving Energy

Taking care of yourself should be a priority.

List a few things below that you could do today!

Try 10- or 15-minute activities so they will feel manageable. Notice if you feel less stressed after you do one of them.



Exploring My Substance Use

Most of us use substances of various types in our daily life, such as coffee to wake up and get going, a cookie to treat ourselves, or a drink when relaxing with friends.

Sometimes a woman will use a substance to help cope with difficult feelings or situations. Sometimes women have used substances and it didn't seem to cause problems.

Substance use problems exist side-by-side with other mental health problems. Sometimes a woman's use of drugs and alcohol is connected to life trauma and abuse she has endured.

But during pregnancy or when raising a young child, a mother may have new concerns about her substance use. Other people may be very critical of a mother using alcohol or substances. You may not know how to tell whether your use could

be a problem or you may feel worried and guilty to admit this kind of problem. Many women fear their children could be taken from their care if they seek help for a substance use problem.

Perhaps you've wondered if you could have problems with drugs or alcohol. Other potentially addictive habits involve gambling or compulsive eating. Do you ever use substances as the only way to escape, relax, or reward yourself? Could alcohol or drugs be causing you harm physically, mentally, emotionally, or spiritually? Sometimes problems in relationships, at work or school, with finances, or with the law can increase as substance use increases.

You could try a test or quiz privately to see what you can learn about yourself and substances. There are three different ones here: CAGE, CRAFFT, and HALT.



Exploring My Substance Use

The **CAGE** questionnaire is a well-known simple screening test that was developed for alcohol use, but can reflect on other drug use as well.

- C** Do you ever feel you should **CUT** down on your alcohol (drug) use?
- A** Do you feel **ANNOYED** when you face criticism for your alcohol (drug) use?
- G** Do you feel **GUILT** about your alcohol (drug) use?
- E** Do you have to have an “**EYE OPENER**,” additional alcohol, in the morning to feel better after drinking the night before? (Can apply to needing more of a drug as well to keep away withdrawal signs)

J. A. Ewing (1984). *Detection of alcoholism: The CAGE questionnaire*. JAMA 252: pp 1905–1907.

CRAFFT is another series of questions, originally written to help teens understand their substance use.

- C** Have you ever ridden in a **CAR** driven by someone who was high or drinking a lot?
- R** Do you ever use drugs or alcohol to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use when you are by yourself, **ALONE**?
- F** Do your family or **FRIENDS** ever tell you that you should cut down?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- T** Have you ever gotten into **TROUBLE** using alcohol or drugs?

www.ceasar-boston.org/clinicians/crafft.php

Exploring My Substance Use

You may be trying to cut down or stop your use of a substance and need to understand situations or states that make you more likely to use.

High-risk situations that other women have identified are listed below and can be remembered by the letters **HALT**:

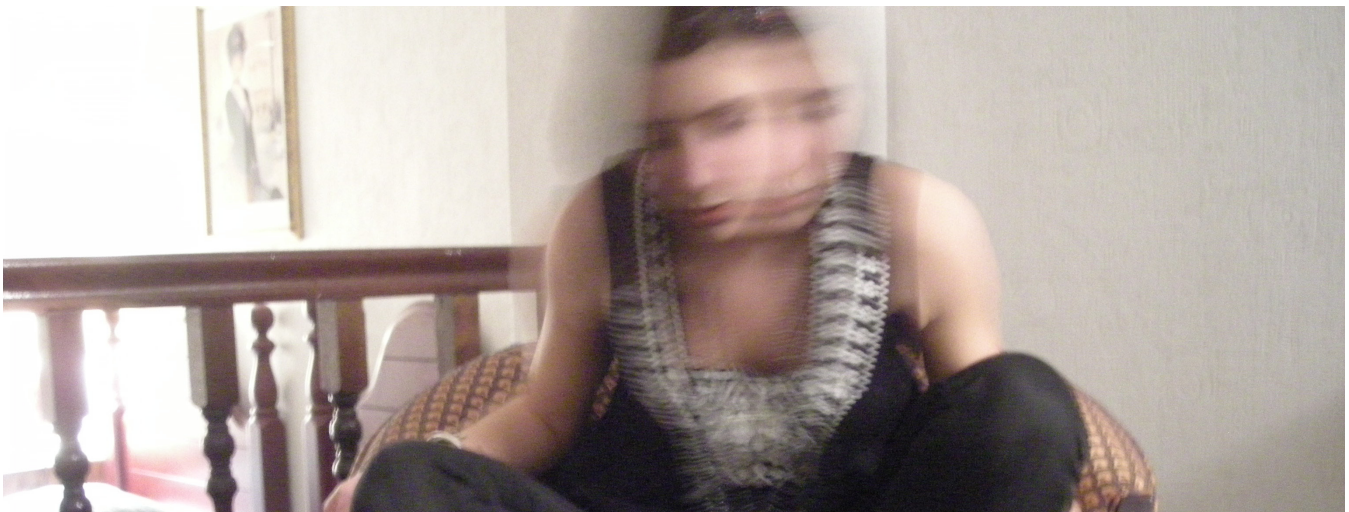
- H HUNGRY**
- A ANGRY**
- L LONELY**
- T TIRED**

www.addictionsandrecovery.org and www.nida.nih.gov

Is your use ordinary or a concern?

It can be difficult to tell. Screening tests or questions simply help you consider your use. They don't diagnose an addiction exactly.

However, you can learn more on your own, thinking calmly within yourself about your use, and then speaking confidentially with your health care provider about it. They may be able to direct you to resources available for women in your area.



Substance Use Checklist ✓

Your answers to the checklist below could give you more insight on the role of substance use in your life.

Have you had these experiences through substance use?

<input type="checkbox"/>	a risk of physical harm, such as falling or driving drunk
<input type="checkbox"/>	trouble in your relationships with family or friends
<input type="checkbox"/>	failing to perform as usual at home, work, or school
<input type="checkbox"/>	becoming involved in legal problems

One or more answers checked could show an **ABUSE** problem

<input type="checkbox"/>	having not been able to stick to your own promise to limit your use
<input type="checkbox"/>	having not been able to cut down or stop
<input type="checkbox"/>	having to use more of the substance to get the same effect
<input type="checkbox"/>	showing physical and emotional signs when my body is withdrawing from the substance
<input type="checkbox"/>	keeping on with the use despite its causing major problems
<input type="checkbox"/>	spending a lot of my time doing the substance
<input type="checkbox"/>	missing out on activities I like or should do because of using

Three or more answers checked could show a **DEPENDENCE** problem

www.nida.nih.gov and www.who.int/substance_abuse.html

You can begin to handle substance use problems by considering your own concerns and the possible effects on your life as a mother. Taking charge of your use of substances can greatly help with your mental health concerns. You can begin with self-awareness and self-care. Ask your service provider for addictions resources and contacts in your area.

Who Am I?

A clear and strong sense of self prepares a woman for mothering. How you feel about yourself can be described as self-esteem. When you don't have good self-esteem, you may put other people before yourself, make poor decisions, form relationships with people who do not treat you well, or distrust your own emotions.

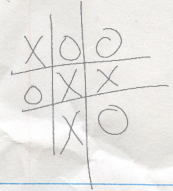
Certain life events, such as becoming a mother and tackling the many challenges of parenting can make already shaky self-esteem worse. This new role might affect your confidence and ability to cope.

A positive sense of self isn't the same as thinking too much of yourself, putting yourself before others, or having unrealistic ideas of your life and needs. Investing in yourself can strengthen your confidence and improve your self-esteem as a woman and as a mother.

One of the ways we can challenge the negative thoughts about ourselves is to deliberately focus on our positive qualities. To do that, we must become more aware of ourselves. The following questions will get you thinking about yourself, your past, and your present life.

Try answering the following questions to describe yourself.





My friends would say the best thing about me is

My favourite thing to do as a child was

I spend a lot of time

My pet peeve is

I admire _____ because

I am proud of

I think it is unfair when

In the future, I would most like to

I believe the most important thing a mother can do for her children is

One thing I would like to change about myself is

What Kind of Person Can I Become?

Sometimes imagining who we would like to be helps us become that person. The following are questions to help with that process.

Imagine a person who is a great friend and a strong woman.
What would she be like? Describe her.

Are you anything like this woman?
What would you have in common with this woman?

What Kind of Person Can I Become?



If you have to change, what would make it difficult to change?



The Many Hats of Motherhood



Throughout a woman's life she has many different roles. As a teen you might have been a friend, granddaughter, student, employee, or team mate. As a mother you will again have many different roles. Some people would call that "wearing many hats." Below are some of the "hats" mothers wear, parenting children of all ages. Maybe you can think of others.

<p><i>Mother as Provider</i></p>	<p><i>Mother as Protector</i></p>
<p>Provides food Provides warm, safe place to sleep Provides medical care Provides fresh air</p>	<p>Protects from falls or injury Protects feelings Protects from harm from others</p>
<p><i>Mother as Caregiver</i></p>	<p><i>Mother as Educator</i></p>
<p>Gives attention to her babies Gives hugs and kisses Gives care when something hurts Gives praise</p>	<p>Teaches self-love and worth Teaches respect and kindness Teaches safety Teaches good ways to cope with all feelings</p>
<p><i>Mother as...</i></p>	<p><i>Mother as...</i></p>
	

Adapted from Solchany, JoAnne E., *Promoting Maternal Mental Health during Pregnancy: Theory, Practice & Intervention*. Seattle, WA: NCAST Publications

Common Thoughts About Motherhood – True or False?

"I feel like I should always know exactly what my baby needs... Like all other mothers know more than me".

— Client, Reproductive Mental Health Services, 2010

Do you believe these ideas?

- Mothers **always** know why their babies cry.
- Mothers **never** feel frustrated with their infants.
- Mothers **have to do all** baby care in order to bond.
- Mothers **have to be perfect** or their children will grow up to hate them.
- All mothers **automatically** love their babies from the first moment.
- Wanting breaks from caring for your children makes you a **bad** mother.
- Mothers should **never** feel sorry for themselves.
- Feeling like you want to **escape** makes you a bad mother.
- Breastfeeding is the **only** type of feeding that provides the baby with both the necessary nutrition and interaction needed for healthy development.

These statements are **false**.

However, you may have heard them from friends, family or in the community.

Adapted from Solchany, JoAnne E., Promoting Maternal Mental Health during Pregnancy: Theory, Practice & Intervention. Seattle, WA: NCAST Publications

The Real Job of Mothering

Here is how some women have described the job of mothering. Can you relate? Can you add to the list?

A 24-hour shift

Morning, noon, and night on call

No coffee breaks

No co-workers

No job training

Not on your own schedule

Little time off

Sometimes boring

Little praise some days

Building a Strong Bond with Your Baby

Below are some ideas about building a strong bond with your baby. Attaching with your child is the starting place for your baby's learning to trust others and handle feelings. This base is important for your success as a mother and your lifelong connection with your child.

Did You Know?

- Positive emotional attachment has been shown to increase the brain development of young children, even after illness or difficult times.
- Your baby is wired for joy. “Life is good because my mom enjoys being with me.”
- Babies soak up affection through their skin! Holding your baby helps to build love, and safety and organize difficult feelings.
- Look into your baby's eyes often. They are a window to their inner world. Notice when your child wants to look back, that's when they want to connect.
- When it's safe and possible, follow your child's lead for attention, to be held, to explore, to seek a place to show their feelings
- You can't spoil a baby under 9–11 months old with attention and response. Research shows responding to little babies helps them be more independent as they grow older.
- Stay with your child when they have difficult feelings. They learn to trust difficult feelings won't be too much for them or for you.
- Children learn from you showing gentle feelings, naming their feelings, and knowing it's okay to share feelings out loud.
- Being a good parent is not about being perfect, it's about being “good enough.”
- Your baby hopes you'll be stronger, wiser, and kinder than they feel themselves. You can practice this even if you don't always feel this all the time yourself.

Adapted from Cooper, Hoffman, Marvin & Powell (2000) www.circleofsecurity.org

What Babies Have To Say!

This is information that outlines what actions help to develop attachment or bond at different ages. It shows how your child feels and what they may need from you.

Birth to two months

- You can hold me as much as you want.
- You can't spoil me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If you think you have taken care of all my needs and I am still crying, hold me and comfort me.
- Smile at me, laugh, sing to me, rock me, dance with me gently, talk to me softly. This is how our relationship grows.

Two to seven months

- When I look at you, smile, coo, and reach up to you, I want you to respond to me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If I turn away, I need a break.
- When I am hurt, sick, or afraid, I need you to hold me right away.

Seven to twelve months

- I prefer to be with the few people who look after me the most. I am upset by people I don't know.
- I get upset when you leave me. Hug and cuddle me when you leave and again when you come back; then I will learn that I am safe and secure.
- Play and talk with me face to face.
- Watch me play and follow my lead. If you always direct my play I will stop trying.
- Think about what I need when I cry, smile, babble, or turn away.



What Babies Have to Say!

One to two years old

- I am learning about my world. I like to explore, but when I am frightened, I need to come back to you for comfort. When I feel safe and comforted, I am ready to explore again.
- Even though I can do more things by myself, I still need love and affection.

Two to four years old

- When I want to do things on my own, let me try, as long as it is not dangerous.
- I still need you to keep me safe and comfort me when I am hurt, upset, frightened, or sick.

*Adapted from Health Canada Mental Health Promotion website, "First Connections Make All the Difference."
www.hc-sc.gc.ca/hppb/mentalhealth/mhp/pub/fc/index.html*



Helping Ourselves to Calm and Relax

Do you struggle with your emotions?

Do you overreact or underreact?

Do you have many emotional shifts in a day? ... an hour? ... minutes?

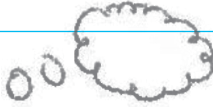
If so, here are two skills that other mothers report as helpful when feeling a great deal of distress.

1) Self-Soothing

Learning to comfort, nurture, and be kind to yourself is important. In times of distress, many of us automatically reach for something that we think will make us feel better, but that is actually unhealthy. Many of us have never learned how to self-soothe without a substance and don't know how to make ourselves feel better, calmer, or more relaxed.

Some examples of self-soothing are listening to music, taking a bath, trying muscle relaxation, watching a video, walking in nature, reading, or journaling. The goal is to come up with a list that you can practice in moments when you're upset. This is how you'll make new habits.

Can you come up with some of your own ideas to try?



Helping Ourselves to Calm and Relax

2) Improving the Moment

This skill is used in moments of distress to help one relax. **IMPROVE** stands for:

I Imagery:

Imagining a relaxing scene can help take the bite out of a distressing moment. For example: you might imagine yourself going into a safe, quiet room which is just your own. You may need to practice going into this room when you are not feeling awful, so that when you need to have it work in the moment, it will.

M Meaning:

Finding some purpose or meaning in what you are experiencing can be helpful. Some people who are religious might find a spiritual meaning. For others, it may be about figuring out how they can grow as a person. Is there some purpose or value in this experience, however painful? Is there anything I can learn from this?

P Prayer/Meditation/Reflection:

Whether it's to a God or the Universe or whatever your belief is, sometimes just asking for help and being open to receiving it is helpful. Prayer can help if you're trying to just accept your situation and cope in the moment.

R Relaxation:

This is an easy one (maybe!) where you can try to relax your body and slow your breathing. One trick for relaxing muscles is to actually tighten the muscle you want to relax and then let go. With your breath, inhale deeply, hold for a few seconds, and then slowly let go. You'll be amazed how different you feel after a few of those. You may even feel light-headed!

O One thing in the moment:

Focus your entire attention on what you are doing right now. This can help keep terrible, unhelpful thoughts at bay and keep you in the present.

Helping Ourselves to Calm and Relax

V Vacation (brief):

This just means giving yourself a break for a short period of time. It might mean laying on the couch for five minutes, turning on the TV, or getting into a good book. These breaks can help charge your batteries and give you energy that you need when you're having a hard time.

E Encouragement:

There's actual research that shows that people who say encouraging things to themselves actually accomplish more.

An IMPROVE Exercise	
A difficult moment for me:	IMPROVE distress skill
Example: My brother is shouting again at my mother. I feel tense and worried. I want to explode at him!	Meaning: I won't explode like him. I am learning to be calmer than my brother. I can help my mother have less tension in her life and be an example for my niece. This is a start to have a better family life,

Identifying Your Supports

Some women have very few support people in their lives. They may be single parents or have moved away from their family. Maybe they have people who care about them but who are unable to provide support.

On the next page is an exercise to help identify supports. A support could be a friend, relative, partner, co-worker, community worker, or health care clinician. Supports could provide practical assistance, emotional support, or both.

For some women, accepting help may be difficult; it may bring about feelings of guilt and the idea that mothers should be able to do it all alone.

Sometimes we have people who will help us, but the help they expect in return is much more than they give. Speak to your health care provider about ways to create support that works for you.

"My doctor thinks that because my family lives five minutes away I have a lot of support. He is wrong!"

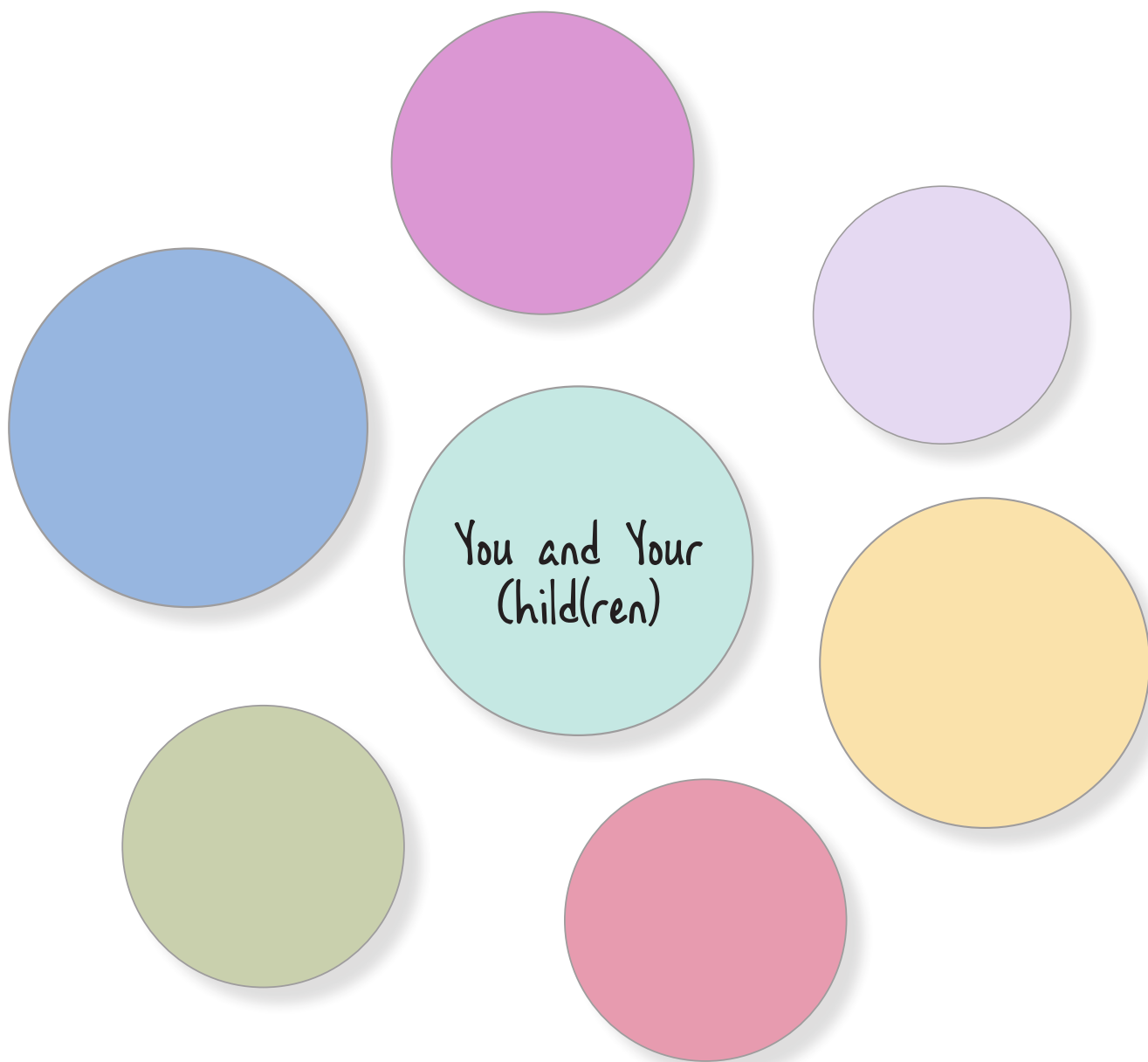
-Client, Reproductive Mental Health Services, 2009



You and Your Children: Support Map

Everyone needs support. And different kinds of support. Use this sheet to map out any supports you may have. Would you like to make any changes in your support?

Write your name and your children's names in the centre circle. Who is or could be a support in the next closest circle? Anyone further out? Are there support people you can imagine? You can draw arrows where you would like people to be.



Here's How You Can Help Me

(for the mother and her partner, family, and friends)

On the following pages are ideas from other mothers of things to watch or listen for, things to say and do. They may help you tell your partner, family, and friends how they can help you and look out for you as you adjust to motherhood. It may also be helpful to discuss these checklists with your health care provider.

Here's what I need you to listen for:

- Do I say anything that scares you?
- Do I say that I think something is wrong?
- Do I say I just don't feel like myself?
- Do I tell you I can't or don't want to do something that surprises you?
- Do I tell you I want to leave or stop all this or hurt myself?
- Do I ask you for things I don't usually ask for?
- Do I say I'm scared or too tired or unable to do what I need to do?
- Do I ask you to stay home with me all the time?
- Do I tell you I can't do this without your help?
- Do I express feelings of inadequacy, failure, or hopelessness?
- Do I keep asking you for reassurance or ask you to repeat the same thing over and over?
- Do I complain a lot about how I feel physically (headaches, stomach aches, chest pains, and shortness of breath)?
- Do I tell you we made a mistake and I don't want this child(ren)?
- Do I blame everything on our relationship?
- Do I worry that you'll leave me?
- Do I tell you that you and the baby would be better off without me?
- Do I tell you I'm a bad mother?
- Do I fear I will always feel this way?

Here's How You Can Help Me

(for the mother and her partner, family, and friends)

Here's what I need you to say:

- Tell me you will do whatever I need you to do to make sure I feel healthy.
- Tell me you can deal with my anxiety, my fears, my irritability, my moodiness.
- Tell me you are keeping an eye on how I am feeling so things won't get out of hand.
- Tell me you love me.
- Tell me I'm a good mother.
- Tell me it's okay if things aren't perfect all the time.
- Tell me you are not going to leave me no matter what.

Here's what I need you to remember:



- I'm doing the best I can.
- Sometimes the big things that seem scary at first aren't as scary as more subtle things. For instance, if I have an anxiety attack or snap at you, even though it's upsetting, it may not be as troublesome as if I'm isolating myself in the bedroom and quietly withdrawing.
- If you're not sure about something regarding how I am feeling or how I am acting please ask for help and tell me you will call my doctor or therapist.
- If I begin to show symptoms, chances are things will not get better on their own.
- Do not underestimate how much I appreciate the fact that I know I can count on you during difficult times.

Things we need to add to our list:

1.

2.

3.

Here's How You Can Help Me

(for the mother and her partner, family, and friends)

Here's what I need you to do:

- Check in with me on a regular basis, several times a day. Ask me how I'm feeling and ask me what you can do to help.
- Ask our friends and family to help whenever possible during the early weeks. Even if I resist, please insist that it's better for me to accept the help.
- Remind me that I've been through this before and things got better.
- Help me even if I don't ask.
- Insist that I rest even if I'm not able to sleep.
- Make sure I eat, even if I'm not hungry.
- Spend as much time caring for the baby as you can.
- If you are the slightest bit worried, encourage me to contact my doctor and therapist. If I protest, tell me that you will call them for me and come with me to the appointment.
- Remind me that even if everything's okay, it may be helpful and reassuring to make an appointment so we can know for sure.
- Take a walk with me.
- Help with the baby during the night. If you're not able to, please make sure someone else is there to help out so I don't get sleep deprived which would make everything worse.
- Trust your instincts if you are worried or you think something needs to be done differently.
- Talk to me. Tell me what you're thinking.
- Sit with me. Stay close even when there's nothing to say.
- Help me get professional help.
- Help me find the joy. Help me stay present and appreciate the little things. Help me find and feel the butterflies, the giggles, the hugs, the sunshine, the belly laughs, and the smiles.

Here's How You Can Help Me

(for the mother and her partner, family, and friends)

Here's what I need you NOT to do or say:

- Do not assume I am fine because I say I am.
- Do not leave everything up to me if I am feeling overwhelmed.
- Do not use this time to work harder or later or longer if I need you home during the first few weeks.
- Do not tell me to snap out of it. I can't.
- Do not let my resistance or denial get in the way of what we need to do.
- Do not tell everyone how well I'm doing if I'm not doing well.
- Please do not tell me I am strong and can do it without help if I need help.
- Please do not sabotage any effort I might need to make to seek treatment, such as resisting medication or pressuring me about the financial strain.
- Do not complain about the cost of treatment.
- Do not pressure me to have sex while I'm feeling so bad.
- Please do not do anything behind my back. If you are worried, let me know. If you want to call my doctor, let me know you are doing this.
- Do not forget to take care of yourself during this time.

Kleiman, K., and Raskin, V. (1994) This Isn't What I Expected : Overcoming Postpartum Depression. New York: Bantam.



Tips for Helping: Providing Support to a Vulnerable Mother

(for family members, partner, or friends)

Postpartum depression is a real mental illness, which means your partner cannot just snap out of it. The good news is that it is a treatable illness with positive outcomes. What makes you feel better may not work for her. Also having this illness does not mean she won't be a good mother. Here are some tips that will help:

- Tell her that she's doing well and working hard.
- Tell her she's a good mother.
- Tell her that you love her.
- Help with chores around the house.
- Make meals.
- Be ready to take the baby when your partner needs a break.
- Give her time to go for a walk, have a bath, or see a friend.
- Be affectionate without expecting sex.
- Get help yourself if you have questions or concerns.
- Talk to other dads who have been through this.
- Ask her how she is feeling.
- Be patient.
- Believe that she will get better.

✓ Moms & Their Moms

(for the mother and her partner, family, and friends)

You may need or hope for your mom's support when you have a baby. Here's a positive support checklist for you and your mom, or other family members and support persons.

Check the statements you think are true

- Tell my family I want them to bring good things to my baby's life
- Keep actions in the present; not in the thoughts of the past
- Accept that no person, mother or family can be perfect
- Ask Mom for help; don't expect help
- Expect opinions; but speak to your wishes
- Show respect; and ask for respect
- Describe your goals as a strong mother
- Ask your family how they can help you reach your goals
- Describe how your Mom acts that lowers your strength as a mother
- Give thanks and positive feedback when something helps

What would you add to the checklist for your attitudes and actions?

✓ Moms & Their Moms

(for family members, partner, or friends)

Your daughter having a baby may bring stress and change into your family. Here's a positive support checklist for grandmothers and other family members that comes from other moms and their moms.

Check off the statements that you believe and practice.
Are there some you could try?

- Remember that becoming a mother is a big job done over many years
- Ask yourself how you can help your grandchild have the best life
- Help to figure out what is most important and what can wait
- Accept that all families have stress, challenges and disappointments
- Trust that your daughter wants to see her family do well
- Focus on actions in the present now; not problems from the past
- Ask your daughter how you can help her
- Show your daughter respect; ask her to respect you
- Believe that your daughter wants to be a strong mother
- Speak with her to find out how to increase her confidence and ability
- Be careful not to take over; offer your experience, and your mistakes
- Practice communicating in positive and encouraging words

What would you add to the checklist for grandmothers(family)?

Connections That Count

(for the mother and her partner, family, and friends)

Making a caring connection with your child early in their life gives them a solid start.

A **START** to:

- **GROW**
- **LEARN**
- **LOVE**
- **CONTROL**

"The good thing about bonding with your baby is it's totally in your power. You don't need a degree to do it. You don't need money to do it. And you don't need special toys or gadgets."

"Tune in to your baby and let them know you 'get' what they're feeling. This isn't spoiling. It's part of building trust."

"You are like a walking talking security blanket."

Bethany Casarjian, Psychologist in Power Source Parenting 2008

How Do I Make the Connection?

Welcome your child

Protect + comfort

Play + enjoy

Accept + settle feelings

Practice being wise, kind & patient - to your child & to yourself!

Adapted from: "<http://www.circleofsecurity.org>" www.circleofsecurity.org



Tiny Baby, Big Changes

The arrival of a child is a major life event. Whether this child was planned or unplanned, there are always stresses that can effect how you feel about yourself and how you feel about your relationship with your partner. Both of you may be sleep deprived and therefore more short tempered. A new baby could mean money will be tighter and your schedule and household will be disrupted.

Most families notice big changes in their relationships, particularly between the partners. Some of the shifts in the relationship can be very positive and bring people closer, while others can cause conflict and distress. If you're feeling stressed, anxious, or depressed, or if you've been diagnosed with a mental health issue, it can be hard for a partner to understand or know what to do to help. This may lead to you feeling more alone and isolated. You might have difficulty receiving the help you need from those close to you.

One thing that might help in your relationship is to concentrate on what is working well between you. Maybe you can set short-term goals together that focus on solutions rather than on what is wrong.

Tips from Couples



Here are some tips from families and couples who have made it through a mother's mental health challenge that resulted from a new baby:

Many children are wanted, but not all children are planned. Couples often don't feel ready. As a family, you may need time to adjust and learn.

Having a child is a stressful life event. It doesn't mean you don't love your child or care for your partner if you sometimes feel negative, overwhelmed, or distressed.

Think of you and your partner as a team, although one or both of you may feel like you're on the injured list of that team.

Talk about how you can keep supporting one another and feel like a team, even when you may be cranky with one another. Not every team has a great game or great day every time.

Tiny Baby, Big Changes

Understand that the woman is not her usual self and figure out how to support her more at this time. Ask one another what's working and what isn't.

Don't try to solve all your relationship problems at once. It's okay to leave some issues or conflicts until you feel more stable.

Focus on the short-term needs you have from one another.

Try to begin talking about problems with "I" statements that describe how you feel, what you notice, and what you think (e.g., "I feel _____ when _____ because _____"). This is better than starting with statements that begin with "You don't do ..."

Ordinary kindness can be forgotten in busy family life. Picture your partner as a really close friend. How could you make a small show of kindness?

Try not to use angry, critical words, even if there is a big conflict. If both people only focus on how they are hurt and act defensive, there's no room for positive communication and change.



Your Partner Relationship

When you're having troubles in your relationship, it can help to take stock of what you actually have – where you started and where you are now. Answering the questions below might give you some much-needed perspective on what still works between you and help you focus on the positives.

How did you meet?
Why do you think you connected?
What did you do together that made the relationship work?
What's the best thing about your partner?
What's the most difficult thing about your partner?

Your Partner Relationship

What does your partner like about you?

What does your partner find difficult about you?

What's the biggest change in your relationship?

What has helped you through difficult times in the past?

Is there a successful relationship you know that you'd like to learn from?

Could you ask the people in that relationship how it works for them?

Strategies for Positive Communication and Conflict Resolution

Try scheduling time to communicate when you are both calm. If things get heated, agree to take breaks (leave the room, breathe deeply, go for a walk) until you're both calm again.

Try to say positive things first, then follow up with what is a problem or negative from your point of view (e.g., "I really appreciate you doing the dishes, but I'm wondering if you might cook a few meals").

Try to stay focused on the present. It doesn't help to list everything that your partner has ever done wrong or every problem you've ever had.

Be specific about what is bothering you. It's more helpful to mention particulars than to say "I don't like how you're treating me lately."

Try not to "hit below the belt," to attack or weaken the other person.

Try not to make assumptions about what the other person feels or thinks; check it out with them to make sure.

Restate what you think you have heard your partner say. Sometimes we misinterpret what someone says and take their comments in a way they didn't intend.

In order to be successful and solve problems together, you'll both need to try to understand each other's feelings. Try to hear and understand the way your partner is feeling, even if it's hard and you don't think they are justified in feeling that way.

If you think your partner isn't communicating, ask them if there is anything they want to tell you.

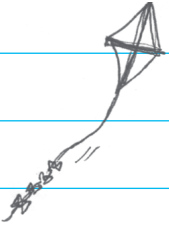
Try not to interrupt when the other is speaking. Try not to exaggerate or overgeneralize your concerns to make them more important. They are important.

It's okay to take time out and come back to a conversation, but the "silent treatment" is not a positive strategy, even if it feels protective.

Relationship Planning

(two copies – for woman and partner)

If you and your partner are able to begin communicating more clearly and can hear and respect each other's different experiences and feelings, it might help to do the following exercise. Write down the top three things you'd like to change in the relationship that will make it a more positive partnership. Examples could be improved communication or more time together. Then, write down ideas of how you could achieve your goals. It might help for you and your partner to do this separately and then share your answers.

Relationship Goals	
Example: Fight less	
1.	
2.	
3.	
Action Plan For Goals	
Example: Spend time together	
1.	
2.	
3.	

Do What Helps Us Parent

All parents have challenges and struggles at times. A parent may need different skills for each situation, stage, and child. It can be helpful to talk to other parents or professionals about the realities of pregnancy, birth, and parenting.

Some new parents feel they are succeeding only if their baby never cries and if they always know what to do! Experienced parents know that babies cry when they need something or to release tension or express themselves. Few parents always know for sure what to do; it's about understanding your goals as a parent, trying to figure out what your child needs, and knowing what you could try. If you can stay open and attentive to your children, attempt to understand what they are communicating to you, and respond, you and your children will benefit.



If you are struggling with a mental health issue such as anxiety or depression, these additional ideas may help:

- Seeking out a parenting program can be helpful
- Attending a parenting support group
- Developing strong, supportive relationships with family and friends who can help when needed
- Using open, honest, and age-appropriate communication with your child about your mental illness
- Remembering that you are the parent, and that your child needs you to be the primary caregiver. Do not force your child to take on a caregiving role for which he or she is not prepared
- Going over a crisis plan with those who support you
- Finding valuable information on the internet from reliable sources

Parenting through Depression

Raising children is challenging for any mother, considering the many roles women assume inside and outside the home. For those mothers who have depression, parenting can be even more complicated.

Untreated, the symptoms of depression may affect a mother's ability to parent well. Instead of being patient, you might feel cranky. Instead of being loving, you might be irritated. Instead of wanting to play with your children, you may just want to be alone.

If you are a mother dealing with depression, here are a few valuable tips you can use for healthy parenting.

Get help.

The first step is to seek treatment, which may include taking an antidepressant medication and participating in "talk" therapy. With appropriate treatment and support, you can recover, be more attentive to your children, and once again enjoy the pleasures of being a parent.

Involve supportive relative(s) and friend(s).

Allow friends and family to help with childcare and other activities of daily living, such as housework, meal preparation, and transportation. This will free your time for the things you need to do to get better and to spend time with your children.

Talk to your children about your illness.

Talk to your children in language they will understand about your depression. This is very important so that your children understand what is going on and don't think they are to blame. Explain to them that you are getting help and expect to get better.

Reach out to other mothers with depression for support.

Seeking support from other mothers or parents with depression can greatly help you in your recovery. Support groups offer a community of people who understand what you are going through and share their own experiences.

Parenting through Depression

Take time to play with your children.

People of all ages need to play – it's a source of life satisfaction. If you can't remember how to play or if it feels uncomfortable, follow your children's lead. Play should be enjoyable. There is no one right way to play!

Stay connected as a family.

Set aside time to stay connected with your children. Read to them, ask questions about school, or take walks in the park. This shared time will have a positive impact on you and your child.

Adapted from www.mentalhealthamerica.net/go/information/get-info/youth-and-families



It Takes A Village

Living With Your Parents and Baby

Sometimes mothers are living with their parents, grandparents or other relatives and trying to raise their children. This can be a rich and complicated situation.

The support a new mom could feel from family members is a great resource at this time in their lives and the life of their child. For some...reconnecting with family increases their social support. However, family relationships can also be challenging and at times stressful.

Maybe a woman was on good terms with her mother before she got pregnant and it has changed due to an unplanned pregnancy...

Or maybe the woman hadn't been close with her mother until she found out she was pregnant...

The following sheets for the woman are written to help clarify some issues that may arise.

"Being a Mom and living with my mother is hard. We fight sometimes and she takes over with the baby. I love her and need her help but it can be stressful." RMH pt. 2012.

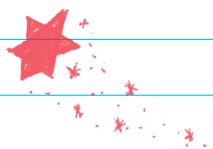
*Power Source Parenting: Growing Up Strong & Raising Healthy Kids.
Bethany Casarjian. Lionheart Press 2008*

What I have learned from the people helping to raise my child:

Name of person:
What I have learned?
Example: I learned to stay calm and not stress when the baby cries.
1.
2.
3.

It Takes A Village

Living With Your Parents and Baby

Name of person:	
What I have learned?	
1.	
2.	
3.	

Why Do We Sometimes Fight?

My mom and I don't agree on
She wants me to do it this way...
I want to do it this way...
What do we not fight about?
When do we not fight?
What are the good things in our relationship?
What do I need to work on?
What should she work on?

Steps to Family Wellness

Encouraging Positive Child Behaviours

Many people have different experiences of discipline and punishment. And there are many opinions on these ideas. Most parents want to help their child develop positive behaviour. Parents need to consider the child's age, stage of development, personality, and temperament. Often parents expect too much cooperation from their child when it is natural at certain stages for them to act uncooperatively. Also, parents sometimes set their children up for misbehaviour when they take them to the grocery store when they are hungry or keep them up late. Looking at their own behaviour and expectations before they react or discipline their child is an important step for parents.

There is a difference between discipline and punishment. Punishment is something a parent does to a child (such as gives them a spanking or takes away something the child wants like TV time). Discipline is a positive method of teaching a child right from wrong. Discipline leads to self-discipline. Children who are disciplined rather than punished learn self-control and take responsibility for their own behaviour. They understand their own behaviour better, show independence, and respect themselves and others.

Spanking can lead to a lot of problems down the road, including low self-esteem, risk of depression, and anger issues. Intense spanking teaches children that violence is a way to solve problems and as a result may lead to aggressive behaviour.

When a mother has a mental health problem, having the attention and patience to encourage positive child behaviour can be a challenge.

Positive Parenting Possibilities:

Role modelling

Most children learn behaviours by observing their parents' actions. Parents, therefore, must model the ways they want their children to behave. If a parent often yells, screams, or hits, the child will likely do the same.

Distraction

By steering a toddler away from something that is attracting them but promoting a negative behaviour, you are taking action but talking less. This helps parents avoid a situation in which the child commands attention by repeating the behaviour that caused the parent's response. Distraction works especially well with babies and toddlers.

Setting limits

Limits should be reasonable and fair, and they should be explained to your child, along with the consequences for not following them. The rules should cover the things you are most concerned about (e.g., not touching a hot stove, not biting or hitting other children). When the child is old enough, you might want to consider letting them decide what their consequence will be. Not only will this make them less angry and resentful, it also helps build self-esteem and cooperation skills.

Encouraging and rewarding good behaviour while ignoring bad behaviour

When children are behaving appropriately, tell them so. Children can be rewarded with choices, such as tangible objects, privileges, and increased responsibility. Some children want their parents' attention no matter what, even if it's negative attention. Behaviours such as whining or interrupting can be irritating and lead parents to punish their child to stop the behaviour. When parents tell their child to stop the behaviour, the child learns that they can get their parent's attention by continuing the irritating behaviour. Instead, parents should try to ignore the behaviour. At first, the behaviour may get worse, but if parents continue to keep ignoring it, children learn that they can't get attention this way. Some behaviours can't be ignored, however. If your child is hurting someone or is in danger, you cannot ignore the behaviour.

Structuring the environment

Using charts to monitor and reward behaviour where a child gets a sticker for good behaviour works for some children. A chart allows the child to see how they are doing, and this can improve their cooperation and increase their self-esteem.

Talking to your child

Parents should talk with their child about their own feelings, their child's feelings, and the current behaviour situation. At these times, children need the comfort and support of their parents the most.

Increasing your consistency

With discipline, consistency is key. Parents need to treat the same behaviour in the same way – no matter where or when the behaviour takes place. The more consistent parents are, the more effective their discipline will be.

Adapted from: S.T.E.P – Systematic Training for Effective Parenting. Parenting Young Children. Don Dinkmeyer, Sr./Gary D. McKay/James S. Dinkmeyer/Don Dinkmeyer, Jr/ Joyce L. McKay

Child Outcomes: How Do You Know Your Child Has Good Mental Health?

Signs of Good Mental Health in Children

- ✓ has friends and gets along with other children
- ✓ can concentrate and focus attention
- ✓ has stable eating and sleeping patterns
- ✓ shows reasonable interest and progress in school
- ✓ satisfied at least some of the time with most aspects of life – family, friends, school, physical appearance
- ✓ does not become anxious or angry over minor inconveniences or setbacks
- ✓ fears are reasonable and not excessive
- ✓ shows respect for other people
- ✓ maintains a reasonable amount of energy throughout the day
- ✓ has hobbies and enjoys different activities



Top 10 Tips for a Partner / Co-Parent

A father/parent figure comes in many forms. When we write about partner/parents we are including biological and non-biological fathers, grandfathers, relatives, and partners who may be in the parenting role.

Respect your children's mother.

One of the best things a partner can do for his/her children is to respect their mother. Children who see their parents respecting each other are more likely to feel that they are also accepted and respected.

Spend time with your children.

How a father spends his time tells his children what's important to him. If you always seem too busy for your children, they will feel neglected no matter what you say. Treasuring children often means sacrificing other things, but children grow up quickly and you won't get these opportunities back.

Earn the right to be heard.

All too often, the only time a father speaks to his children is when they have done something wrong. That's why so many children cringe when their mothers say, "Your father wants to talk with you." Begin talking with your children when they are very young so that difficult subjects will be easier to handle as they get older. Take time and listen to their ideas and problems.

Discipline with love.

All children need guidance and discipline, not as punishment, but to set reasonable limits. Remind your children of the consequences of their actions and provide meaningful rewards for desirable behaviour. Parents who discipline in a calm and fair manner show love for their children.

Did you know?



Kids who know their dads:

Do better on average on tests that show they are growing and learning.

Are better at doing things without help, and keep control of themselves.

Are more likely to go to school, stay in school, and not repeat a grade!

*(Healthy Families, San Angelo, 92) Adapted from:
Power Source Parenting - Bethany Casarjian*

Top 10 Tips for a Partner / Co-Parent

Be a role model.

Parents are role models to their children whether they realize it or not. A girl who spends time with a loving father grows up knowing she deserves to be treated with respect by boys and what to look for in a partner. Fathers can teach sons what is important in life by demonstrating honesty, humility, and responsibility.

Be a teacher.

Too many fathers think teaching is something others do. But a father who teaches his children about rights and wrongs, and encourages them to do their best, will see his children make good choices. Involved fathers use everyday examples to help their children learn the basic lessons of life.

Eat together as a family.

Sharing a meal together (breakfast, lunch, or dinner) can be an important part of healthy family life. In addition to providing some structure in a busy day, it gives children the chance to talk about what they are doing and want to do. It is also a good time for parents to listen and give advice. Most importantly, it is a time for families to be together each day.

Read to your children.

In a world where television often dominates the lives of children, it is important that fathers make the effort to read to their children. Begin reading to your children when they are very young. When they are older, encourage them to read on their own. Research proves that if you do this, your children are more likely to be successful in life.

Show affection.

Children need the security that comes from knowing they are wanted, accepted, and loved by their family. Parents, especially fathers, need to feel both comfortable and willing to hug their children. Showing affection everyday is the best way to let your children know that you love them.

Realize that a parent's job is never done.

Even after children are grown and ready to leave home, they will still look to their parents for wisdom and advice about things like continued schooling, a new job, or planning a family.

A Dad's Guide to Crying Babies

(for partners or friends)

It's the middle of the night. Your son just ate an hour ago and, for no apparent reason, has spent the last 20 minutes crying. Exhausted, mom is close to losing it. You have to go to work early and you need sleep too. What do you do?

1. Develop a checklist of reasons your baby cries.

Starting with the most common, a typical list might include

hungry		dirty or wet diaper	
diaper pinching skin		tired	
diaper rash		Frustrated	
needs burping		too hot/too cold	
needs to be held		gas/constipated	
clothes rubbing		too much noise/too quiet	
alone			

2. Check each reason in sequence, ruling out problems as you try solutions.

3. Check for new problems.

Sometimes crying is caused by random things, his finger may be bent back in his sleeve or hair might be wrapped around his toe. Of course, if you think your baby needs medical attention, call your doctor.

4. Move on to new techniques.

Not every problem will have a single answer. Being proactive also means trying new solutions for old problems.

Feeding		distraction		tummy pressure	
bouncy seat		backpack		swaddling	
walk him/her		sucking		music	
burping		ride in the car		Frontpack or sling	
running dryer		bicycle legs		rocking	
infant swing		changing diaper		massage	
holding		white noise		stroller or jogger	

A Dad's Guide to Crying Babies

(for partners or friends)

5. Sometimes nothing works.

Sometimes there is nothing you can do to calm your baby and make him happy. As harsh as this might seem at the time, if you feel yourself losing control, put the baby down in the safety of his crib and walk away. Although they may be fleeting, episodes of extreme frustration due to a crying baby are extremely dangerous. Never react in anger. Getting agitated and shaking a baby can permanently damage an infant's brain and may even lead to death. Walk away before nonstop crying pushes you to a danger point.

*Adapted from Dads Adventure Magazine (2009). Troubleshooter's Guide to: Crying Babies, 1(3), 8.
www.dadsadventure.com*

Safety tips for living in a rural area or small town

If you live in a rural or small area, the following are some helpful things to keep in mind:

1. It may take police or first responders a longer time to arrive to your house or area. i.e. If you call the police, get to a safe place while you wait for them to arrive. You could go to a trusted friend's or neighbor's house, or to a public place that you feel would be a safe place to wait.
2. Often times, there aren't any buses, taxis or other types of transportation available near where you live, and you may not have access to a car. If you do not have access to a car or to other kinds of transportation, you may want to:
 - Make a plan with a trusted friend who could give you a ride when you need one.**
 - See if your local police or sheriff's office could help escort you out of the home to a safe place.**
 - There may be other places or organizations in your community where you could find someone to help give you a ride if you needed one.**
3. If you live in a town where hunting is popular, the abuser may be more likely to have guns and other weapons in the home than someone who lives in a city. Read about Federal Gun Laws and your Provincial Gun Laws. There may be legal protections you can take to have the gun taken away from the abuser.
4. If you live, work and/or spend time in isolated areas where neighbours or others cannot see or hear what is going on, this could increase the danger level.
Try to stay away from isolated areas whenever you can. (We recognize that if you live or work in an isolated area, there may not be an easy way to change this).
5. Safe places, like a friend's house or shelter, may be far away. If you live in an especially cold place, in the winter, keep cold weather clothing (like a hat, scarf and jacket) in an easy-to-reach place for you and your children. If you can, keep them in your car.
6. If your community is very small, people who live in your area may know where the domestic violence shelter is. In other words, the shelter location may not be confidential. Think about going to a shelter outside of the area where you live even if it's only for a little while.

Taken from: WomensLaw.org- Safety in Rural Areas, http://www.womenslaw.org/laws_state_type.php?id+13438&state_code=PG, retrieved on May 24, 2012.

Are you in an Abusive Relationship?

Are you in an Abusive Relationship? Take the quiz below to find out.

- | | | |
|---|-----|----|
| 1. I am afraid of my partner's temper. | Yes | No |
| 2. My partner yells at me, threatens me, or intimidates me. | Yes | No |
| 3. My partner has kicked, hit, pushed or thrown things at me. | Yes | No |
| 4. My partner's jealousy is so bad that I'm afraid to hang out with other people. | Yes | No |
| 5. My partner has accused me of talking to or having sex with other people when I haven't. | Yes | No |
| 6. My partner tries to keep me away from friends and family. | Yes | No |
| 7. I have been forced to have sex. | Yes | No |
| 8. I have to sneak around because I'm afraid my partner will freak out about where I've been. | Yes | No |
| 9. I worry about what my partner might do to me or my child. | Yes | No |
| 10. After a bad fight with my partner he/she apologizes, says he/she loves me, and that it will never happen again. | Yes | No |
| 11. Are you afraid your partner will try and take your baby? | Yes | No |

What's your Score?

If you answered "yes" to questions 3 or 7, you are probably in an abusive relationship. If you answered "yes" to any other questions, you may be in a controlling or abusive relationship. The more questions you answered "yes" to, the more likely your relationship is dangerous to you and your baby.

Taken from: Casarjian, B. (2008), *Power Source Parenting: Growing Up Strong & Raising Healthy Kids*. Boston, MA: Lionheart Foundation.

The following are things to keep in mind if you are needing to plan a safe way to leave an abusive relationship.

Safety When Preparing to Leave

Leave money, extra set of keys, copies of important documents, extra medicines and clothes with someone you trust so you can leave quickly.

Determine who would let you stay with them.

Keep the shelter or helpline number close at hand and some change on you at all times for emergency phone calls.

Review your safety plan often. **Remember: Leaving your abuser can be a very dangerous time.*

The following are things you can do to help yourself be safer and protected in your home and community after you have left an abusive relationship.

Safety in your Home

Change the locks on the doors as soon as possible.

Buy additional locks & safety devices to secure windows.

Discuss a safety plan with your children for when you are not with them.

Inform schools or daycares who has permission to pick up your children.

Inform neighbors and/or landlord that your partner no longer lives with you and they should call police if they see him near your home.

Checklist ✓

If you are planning to leave an abusive relationship, here is a checklist of what to take with you:

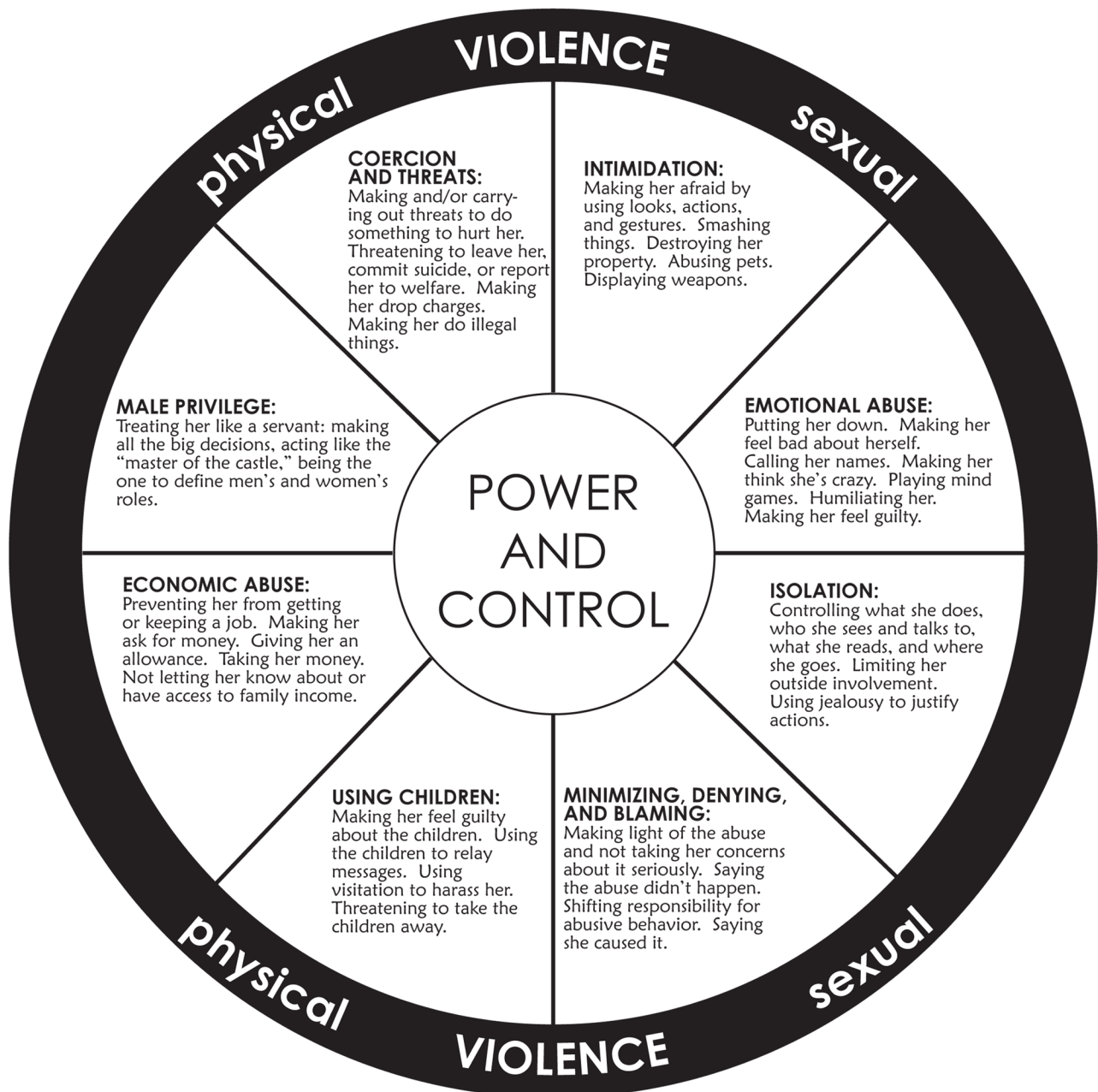
IDENTIFICATION	
	Driver's License
	Children's Birth Certificates
	Your Birth Certificate
	Social Insurance Card
FINANCIAL	
	Money &/or credit cards
	Bankbooks
	Checkbooks
LEGAL PAPERS	
	Restraining order
	Health Cards
	Car registration
	Insurance papers
	Medical records
	Apt. Lease/house deed
	School records
	Passport
	Divorce papers
	Custody papers
OTHER	
	House & car keys
	Medications
	Address book or list of important contacts
	Pictures, you, your children & your abuser
	Children's small toys
	Toiletries/diapers
	Change of clothes for you & your children
PHONE NUMBERS	
Transition House:	
Police:	
Other:	

Taken from: IWK Health Centre, *Woman and Abuse Issues Training Initiative*, Nov. 2011.

Power and Control Wheel

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



Power and Control Wheel: An Example for Immigrants

Mother



Adapted from original wheel by:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

Power and Control Wheel: An Example for Muslims



By Sharifa Alkhateeb,
Adapted from the Duluth Model
Peaceful Families Project
P.O. Box 771
Great Falls, VA 22066
703.474.6870
www.peacefulfamilies.org

What Kinds of Things are Bothering You?

You may be having difficulty with a major life change or problem. This is common with mothers because of all the factors that can affect their life and all the changes that come with caring for young children. Check out this list and see what might be affecting you. Maybe this can point the way to something helpful we could look at together.

- Other medical illness for you or your children
- Only a few social supports (e.g., friends, family)
- The amount of stress in your life
- Not in your usual or comfortable community or culture
- Need for better living space
- Your parenting load, such as the number of children, special needs, etc.
- How you get along with your partner
- Possibility of being hit or hurt
- Lower level of support for your feelings
- Motherhood wasn't quite what you expected
- Previous understanding and experience with babies and young children
- How you feel when you're without enough sleep
- Your family's way of parenting
- Unable to have your mother present in your life
- Feeling grown up enough to be a parent
- Low confidence and self-worth
- Negative body image
- Difficulty coping
- Substance problems
- How your personality fits with this situation or problem
- Change in status now that I am not working
- Isolation due to language or cultural barriers



Risk Factors for Pregnancy or Postpartum Mental Health Problems

Sometimes women worry that they will have particular difficulty coping and adjusting in pregnancy or after a baby comes. They may have heard of postpartum depression and wondered if they could be at risk.

Below are some possible risk factors. These won't cause mental health issues, but they are important to share with your health care provider and to consider as you try to figure out your needs in a pregnancy or while caring for a new baby.

- A previous period of major mood problems or a previous diagnosis of a mood problem
- Severe change in your mood or thinking just before your periods, more than for most women; can be high tension, worry, irritability or sadness; even brief suicidal or hopeless feelings that go away when your period starts
- Noticing you become very anxious and worried, more than usual for you, toward the end of your pregnancy
- A family history of mood problems or addictions
- If other women in your family have had pregnancy or after-baby mood changes you might want to ask them about these experiences. Did they need treatment? Do they think they should have had treatment?
- Very severe loss of sleep with pregnancy or while caring for baby
- Pain problems that continue a long time
- A very high stress load in your current situation
- Other physical illness or disability problems while pregnant or postpartum
- Some hormones given as fertility treatments that increase mood changes in sensitive women

What Can I do to Help Myself Recover?

- Give yourself a central role in returning to wellness
- Learn as much as you can about your problem – how it began, what helps, what it is called
- Try as hard as you can to lower your immediate stress load. Come back to some jobs and problems later
- Find help in treatment and seek to work well and speak freely with your service provider
- Improve the kind and amount of support you receive from others
- Practice good self-care and attention: it's not just an extra
- Seek the support you need from your partner; try to communicate and repeat what you need and how helpful they can be to you
- Don't wait too long with difficult symptoms. Getting help and treatment early lessens the length of any illness
- Practice picturing yourself feeling and doing better. Expect to see some improvement
- Encourage yourself to be willing to attempt changes for the better
- Limit your use of substances that may change your thinking or mood. They can interfere with therapy and medication
- Limit the conflict with others that you have to take on. Even some important issues can wait a bit; put your recovery first

The Three Parts of Us All

Mental health and mental illness and everything in between are shaped by what we think of as bio-psycho-social factors. All people are affected by these factors, including people who have always been well.

Let's try to understand our own experience of these factors. Below are some examples of things that can affect your mental health. On the next page is space for you to list your own ideas about what affects you. You could share your ideas with your health care provider.

Biopsychosocial profile of:
Biological factors include:
Genetic factors from our birth families
Our temperament as a baby and small child, our nature
Physical illnesses affecting the body-brain connections and how our mind works for us
Substance use affecting brain function
Food, the biological fuel for our brain
Repeated stress, which can change our brain systems to respond differently
Sleep quality, important to brain function
Some of my biological factors:

The Three Parts of Us All

Social factors include:

- How we experienced ourselves
- Level of education
- Family income and housing
- Kind of community we're used to
- Opportunity to learn skills and participate
- Experiences with racism
- Experiences with homophobia
- Experiences with bullying

Some of my social factors:

Mental Health Check-Up Checklist

Check the statements that seem like you. These reflect experiences of other women with mental health challenges in mothering. Many women have experienced changed thoughts, feelings, or behaviours.

If you have several areas of change or concern, you could take one of our screening tests or simply bring the checklist to your health care provider. Screens like this don't make a diagnosis, but they do show you if it's reasonable to arrange an assessment of your mental health.



Mental Health Check-Up Checklist

✓	Check the statements that seem like you:
	Do you feel sad or low most of the day for no reason?
	Have you lost interest in your usual activities?
	Do you feel an unusual degree of fear or anger?
	Have you been snapping at your family and can't figure out why?
	Do you worry about a lack of interest or connection with your baby?
	Are you crying for no known reason?
	Do you continue to feel tired even after resting/sleeping?
	Do you have difficulty relaxing?
	Is it hard to fall asleep even though the baby is sleeping?
	Has your appetite increased or decreased from usual?
	Are you losing or gaining a lot of weight?
	Do you feel like your thinking is fuzzy or do you have difficulty concentrating?
	Is there a loss of your ability to feel pleasure?
	Are there particular ideas of guilt or negativity you keep having?
	Do you feel hopeless without a reason?
	Do you think about wanting to harm yourself, even if you haven't acted on it?
	Do you have sudden thoughts come into your mind that feel forced, frightening, or unusual for you?
	Have you worried about any loss of control over your thinking or emotions?
	Have you worried you don't feel as close to your baby as you thought you would?
	Do you ever have ideas of running away or disappearing?
	Has your motivation for routine jobs and activities changed?
	Do you feel unusually impulsive, jumpy, or hyper?
	Do you feel you are thinking about death or other disasters too much?
	Do you worry it was a mistake to become a mother?
	Do you feel like your thinking is way too slow or too fast?
	Do you experience any unusual sounds, images, voices, or sensations?
	Has your ability to function in your life changed a lot?

Defining Your Mental Health Issue

Working with you, your health care provider can help confirm a possible name or diagnosis for your mental health issue. However, it's helpful for you to know some of the possibilities women have experienced in pregnancy or during the first year after the baby comes. Some may be problems you had before your baby that grew worse; some may be new issues for you.

The information is a point of discussion with your family and friends – do they see these symptoms or signs as well? Have they ever experienced them? Sometimes the first time a woman hears that another woman in her family had a postpartum illness is when she is brave enough to begin to talk about her experience.

Considering a diagnosis helps to sort out what might be adjustment problems and what might be an illness. They have different patterns and treatments.

Baby Blues?

- Up to 80% of women have some emotional changes after birth.
- Baby blues tends to change from day to day.
- You can have intense mood shifts, but they don't last.
- You can have crying, cranky, tense, or fearful feelings and can change back and forth between these feelings.
- Baby blues starts usually 3 to 5 days after birth and is gone by 4 weeks.
- It shouldn't be getting steadily worse.
- Sleep and help from others make it better.

Postpartum Adjustment Disorder

- You can often see what caused the mood change but sometimes only after looking back.
- Problems with people can trigger this.
- It is a kind of coping problem.
- Your risk is higher if you have very high standards for yourself and difficulty changing.
- One thing after another can pile up to cause adjustment problems.
- In a way, the feelings make sense with the situation – you can understand what you are responding to.

Defining Your Mental Health Issue

Postpartum Major Depression

- There are very big changes in your behaviour and unusual behaviour for you.
- You can't control changes in energy, sleep, appetite, focus, will to do things, and interests.
- It can be a combination of emotions – very, very intense.
- You feel a very low, depressed mood – sad, blue, rageful, fearful, unable to settle or enjoy yourself.
- You can't function! With adjustment problems you function, just not well.
- You can't always connect your mood to stresses or triggers.
- Postpartum major depression may gradually get worse, with fewer okay days.
- You really need to tell someone and get help.

Postpartum Anxiety Disorders

- Sometimes you're not sad, but worried and tense.
- Ordinary worries come and go; in this case you can't reason with yourself.
- Generalized anxiety is when you worry constantly and all worries seem big.
- Panic disorder is when your anxiety causes your body to overreact with pounding heart; shortness of breath; and trembling, tingling, and a sense of being overcome.
- Obsessive-compulsive disorder is when you can't stop thinking or imagining something frightening happening or you can't stop doing a safety activity like checking, counting, or cleaning.
- Post-traumatic stress disorder is when a previous fear or experience jumps into your present awareness without much warning, and can cause overreactions, headaches, sleep problems, and difficulty concentrating.

Postpartum Psychosis

- This is really rare but can be an emergency.
- It can come on quickly.
- You lose sense of your reality around you.
- You may feel confused about time or the situation.
- Your ideas may be suspicious or unusual and you may hear and see things that others don't.
- It's important to talk to someone about what is happening to you.
- Mothers who seek help generally recover and don't intend to harm anyone.

Defining Your Mental Health Issue

Postpartum Bipolar Disorder

- This problem involves moods and behaviours swinging from big highs to lows.
- You may have spells with high energy, fast thinking, impulses, recklessness, even a hyper-happiness or -agitation.
- Other spells are more like depression, with low energy, slowed thinking, negative outlook, and difficulty planning and doing.
- You may not always be able to explain the changes in your mood by the events or triggers around you.
- Others close to you can often help to notice these sudden kinds of unusual shifts in your mood and observe changes you are not fully aware of.

Postpartum Personality Disorder

- Sometimes these tendencies were there before the baby.
- It is a pattern of reacting and interacting with others.
- It can be a form of coping or problem solving.
- We might learn disordered patterns growing up or in reaction to a trauma.
- The patterns may cause problems in relationships and difficult emotions for you, sometimes with frequent breakdowns in relationships.
- People can learn new, more helpful patterns of relating and reacting.

Postpartum Substance Use Disorder

- You may have used substances before but not experienced harm with them.
- Use of substance may feel out of your control.
- Use of the substance may be causing more problems than benefits.
- Others may be affected by your use, including your children.
- You may be self-medicating away distress, but not really dealing with it.

Feelings Guide

Pictures are sometimes the most appropriate way to communicate with new-comer mothers. Below are a series of drawing to describe feelings we may experience.



Afraid



Confused



Surprised



Sad



Excited



Disgusted



Proud



Angry



Sick



Happy



Very Happy



Hungry



Lost



Shy



Sleepy



Embarrassed



Unhappy



Very Sad



Tired



Worried

Perinatal Mental Health Assessment

1. What are your current complaints/concerns?
2. Has there been a change in you? Is there anything different that is causing problems?
3. How do you sleep? How is your appetite? How is your energy, concentration, and motivation? How is your general physical health?
4. What is your typical mood? Does it change or vary?
5. Do you see any triggers to your mood changes?
6. Are there any new stressors in your life?
7. Have you ever had “hormone” effects on your mood (e. g., PMS before your period starts)?
8. Have you ever experienced other emotional difficulties or wondered about a mental health diagnosis?
9. Does any kind of mental health problem seem to run in your birth family?
10. Have you had experiences in the past that seemed to affect your emotional health?
11. Is there any current crisis driving your symptoms just now?
12. Have you had any health concerns in the past?
13. What was your mood and function like in pregnancy and after the birth?
14. What are your usual strengths as a person?
15. Do you have a typical style of coping?
16. Whom do you feel are practical and emotional supports in your life?
17. Do you see yourself as feeling or reacting differently from other women in this situation?
If so, how?
18. Tell me a little bit about your baby. Temperament? Schedule? Challenges?
19. Are you parenting other children? How are they doing?
20. How do you think your connection and comfort with your baby is going?
21. Do you ever have thoughts or impulses that frighten you?
22. Have you ever worried about being a risk to yourself?
23. Have you ever worried about being a risk to others? To the children?
24. Are the risky experiences thoughts or do they feel like impulses to act?
25. Have you ever acted on thoughts of harm to yourself or others?
26. What would you most like help with?
27. What would you keep just the same about yourself?
28. Is there anything you would like to change about yourself?
29. What would help you in your life as a mother just now?
30. Can you run me through your daily routine?

A Postpartum Mother's Checklist ✓

If you are wondering about the state of your mental health, try asking yourself these questions. Maybe bring your responses to your service provider. Together, you can consider the responses that trouble you.

✓	
	Am I acting like myself?
	Am I saying or doing things that seem out of character or not like my usual self?
	Am I too worried, too withdrawn, too talkative, too euphoric, too exhausted, too unhappy, too uninterested, hyper?
	Am I confused?
	Am I crying all the time?
	Am I eating the way I usually do?
	Am I taking care of myself the way I typically do?
	Am I spending time with the baby?
	Am I reacting appropriately to the baby?
	Am I too worried or too detached regarding the baby?
	Am I less interested in things that used to interest me?
	Is my anxiety getting in the way of doing what I need to do?
	Am I preoccupied with worry or fear that seems out of proportion?
	Am I resisting spending time with people who care about me?
	Am I too attentive or concerned with the baby's health?
	Am I having trouble sleeping, even when the baby is sleeping?
	Am I overly concerned with things being done perfectly with no room for mistakes?
	Am I isolating myself though I am fearful of being alone?
	Am I too angry, too irritable, too anxious, or too short-tempered?
	Am I having panic attacks, where I feel I can't breathe or think clearly?



The Edinburgh Postnatal Depression Scale

An International Screening Test for Depression in Mothers

As you have recently had a baby, we would like to know how you are feeling now. Please circle the answer that comes closest to how you have felt in the past seven days, not just how you feel today.

Name:		Date:
1. I have been able to laugh and see the funny side of things		
0	a) As much as I always could	
1	b) Not quite so much now	
2	c) Definitely not so much now	
3	d) Not at all, difficult	
2. I have looked forward, with enjoyment, to things		
0	a) As much as I ever did	
1	b) Rather less than I used to	
2	c) Definitely less than I used to	
3	d) Hardly at all	
3. I have blamed myself unnecessarily when things went wrong		
3	a) Yes, most of the time	
2	b) Yes, some of the time	
1	c) Not very often	
0	d) No, never	
4. I have felt worried and anxious for no good reason		
0	a) No, not at all	
1	b) Hardly ever	
2	c) Yes, sometimes	
3	d) Yes, very often	
5. I have felt scared or panicky for no very good reason		
3	a) Yes, quite a lot	
2	b) Yes, sometimes	
1	c) No, not much	
0	d) No, not at all	

A Screening Test for Depression

Mother

6. Things have been getting to me	
3	a) Yes, most of the time, I haven't been able to cope at all
2	b) Yes, sometimes. I haven't been coping as well as usual
1	c) No, most of the time I have coped quite well
0	d) No, I have been coping as well as ever
7. I have been so unhappy that I have had trouble sleeping	
3	a) Yes, most of the time
2	b) Yes, sometimes
1	c) Not very often
0	d) No, not at all
8. I have felt sad or miserable	
3	a) Yes, most of the time
2	b) Yes, quite often
1	c) Not very often
0	d) Not at all
9. I have been so unhappy that I have been crying	
3	a) Yes, most of the time
2	b) Yes, quite often
1	c) Only occasionally
0	d) No, never
10. The thought of harming myself has occurred to me	
3	a) Yes, quite often
2	b) Sometimes
1	c) Hardly ever
0	d) Never
Total Score:	

Source: Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782–786.

Recovery Plan Template

Insights (ideas for me to hold on to)

(For example) I have strengths and weaknesses

Improvements (things in myself to work on or build)

(For example) I will improve my own nutrition

Interventions (things that might help)

Biological (For example, medications)

Psychological (For example, counselling)



Recovery Plan Template

Mother

Social (For example, a weekly schedule to see a friend)

Spiritual (For example, sit and enjoy the outdoors)

Tracking Symptoms Work Sheet

You can take some control over your anxiety by figuring out what things (e.g., going to the dentist, answering the phone, walking past a dog) trigger symptoms of anxiety for you. Common symptoms of anxiety are sweating, racing heart, and thoughts or images of something bad happening.

Knowing our own personal triggers and how we think, feel, or act when coping with anxiety can help us decide what might help us reduce the anxiety in our lives. This information can also be very valuable when working with a health professional as they will ask you to describe your typical triggers and symptoms. Each time you experience excessive anxiety, ask yourself the questions below and write your answer in the worksheet on the next page.

- **What specific experience or situation triggered the excessive anxiety?**
- **What body symptoms did I feel along with the excessive anxiety?**
- **What were my thoughts along with the excessive anxiety?**
- **What behaviour or coping responses did I use?**
- **What was the outcome?**

Try to track your symptoms for one or two weeks to get an accurate picture of your current situation. Many people continue to use these tracking sheets as a way of monitoring how well they are self-managing their symptoms.

The worksheet on the next page is for you to fill in. It begins with an example of someone who becomes anxious when she is in an enclosed space.

Tracking Symptoms Work Sheet

Mother

Situation or experience	Thoughts	Body symptoms	Behaviours or coping response	Outcome
(example) Being in an elevator with too many people.	(example) The elevator is going to get stuck and we'll be trapped and there won't be enough air.	(example) Chest tightness, rapid breathing, heart pounding.	(example) I remembered the last time I felt claustrophobic, I took some deep breaths and felt better. So I did that.	(example) I got off the elevator the next time it stopped and took the stairs.

Tracking Symptoms Work Sheet

Situation or experience	Thoughts	Body symptoms	Behaviours or coping response	Outcome

Mother

Healthy Thinking Work Sheet

Studies show that 80 to 90 per cent of us experience the types of thoughts that trouble people with anxiety disorders, but most of us are able to dismiss these thoughts without any ongoing problems. In comparison, people with anxiety disorders experience upsetting thoughts, images, or urges on a daily basis. These thoughts do not go away with time and sometimes the thoughts can get distorted.

“Distorted” thoughts seem real, but they aren’t entirely based on the facts. For example, even though an individual knows that she checked the stove, she feels as if she has to return home because she could be wrong and the house could burn down. She might convince herself – against logic – that unless she returns home, something really awful is going to happen.

People with anxiety disorders often feel anxious thoughts pop into their minds even when they don’t want to be thinking about them. The negative thinking patterns that go along with anxiety disorders can also make people feel sad and angry.

If you have anxiety that feels out of control or you’ve been diagnosed with an anxiety disorder, use the worksheet on the next page to examine negative thoughts that upset you or hold you back from reaching your potential.

Here are the questions you’ll want to ask yourself:

- **What is my most upsetting thought?**
- **How does that thought get distorted?**
- **How could I challenge that thought distortion?**
- **What does my past experience tell me about this situation?**
- **What do I conclude?**

The worksheet on the next page is for you to fill in. There is an example to help you understand.

Healthy Thinking Work Sheet

Thoughts	Type of distortion	Questions to challenge distortion	Answers
(example) I am a complete failure at everything in my life.	(example) All or nothing	(example) What would my best friend say? Am I ignoring some positive things I've done?	(example) I am really good at some things in my life. Just because I made a mistake or can't do everything really well doesn't mean I am a complete failure.

Community Action Possibilities in Your Area

Community Action Possibilities in Your Area

A large rectangular area with horizontal blue lines, intended for writing down community action possibilities. The lines are evenly spaced and extend across the width of the page, providing a structured space for notes.

Appendix • Resource Lists: **Print**

Postpartum Depression: A Guide for Frontline Health and Social Service Providers

Lori E Ross, PhD, Cindy-Lee Dennis, RN PhD, Emma Robertson Blackmore, PhD, Donna E Stewart, MD FRCPC. Centre for Addiction and Mental Health. 2006 Toronto ON

Best Practice Guidelines Relating to Reproductive Mental Health

Reproductive Mental Health Best Practices Working Group, BC Reproductive Care Program, BC Women's Hospital and Health Centre. 2003 Vancouver BC

Shouldn't I Be Happy? : Emotional Problems of Pregnant and Postpartum Women

Shaila Misri, MD. The Free Press. 1995

What Am I Thinking? : Having a Baby after Postpartum Depression

Karen Kleiman, MSW. XLibris. 2005

When Baby Brings The Blues: Solutions for Postpartum Depression

Ariel Dalfen, MD. John Wiley & Sons Canada. 2009

This Isn't What I Expected: Overcoming Postpartum Depression

Karen R Kleiman, MSW, & Valerie Raskin, MD. Bantam Books. 1994

Down Came The Rain

Brooke Shields. Hyperion. 2005

The Mother-to-Mother Postpartum Depression Support Book

Sandra Poulin. Berkley. 2006

Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression

Shoshana S Bennet, PhD, and Pec Indman, EdD. Mood Swings Press. 2003

The Postpartum Husband: Practical Solutions for Living With Postpartum Depression

Karen Kleiman. XLibris. 2000

Mothering the New Mother: Women's Feelings and Needs After Childbirth. A Support and Resource Guide

Sally Packsin. Newmarket Press. 2000

Power Source Parenting: Growing Up Strong & Raising Healthy Kids.

Bethany Casarjian PhD. Lionheart Press. Boston MA 2008.

The Power Source Parenting Facilitator's Manual.
Bethany Casarjian PhD. Lionheart Press. Boston MA 2011

Power Source: Taking Charge of Your Life.
Bethany Casarjian, PhD, Robin Casarjian, MA
Lionheart Press. Boston MA 2003

Websites

www.depressionafterdelivery.com

Consumer Advocacy Group

www.postpartum.net

www.mothersrisk.com

Safety, medications and pregnancy – The Hospital for Sick Children, Toronto

www.hc-sc.gc.ca

Canadian government site

www.womensmentalhealth.org

Reliable new research from Harvard Boston

www.bcwomens.ca/services/healthservices/reproductivementalhealth.htm

BC program – first in Canada

www.mentalhealth.samhsa.gov

US government site

www.marchofdimes.com/pnhec

Great video of women

www.mhanj.org

New Jersey, strong advocacy

www.caringforkids.cps.ca

Canadian Paediatric Society

www.postpartumdads.org

Affiliated with Postpartum Support International

www.heretohelp.BC.ca

BC general mental health

www.checkfromtheneckup.ca

Ontario general mental health

www.mentalhealth.org.uk

British general mental health

www.4woman.gov/faq/postpartum.htm

The National Women's Health Information Center

www.houstonpostpartum.com/checklist.htm

A list of several "to-do" items for new moms to help them get through the day in a healthy way.

www.checkfromtheneckup.ca
Ontario general mental health

www.mentalhealth.org.uk
British general mental health

www.4woman.gov/faq/postpartum.htm
The National Women's Health Information Center

www.houstonpostpartum.com/checklist.htm
A list of several "to-do" items for new moms to help them get through the day in a healthy way.

www.postpartumstress.com/things_you_can_do.html
A list of suggestions that may help women in their recovery from pregnancy-related depression.

www.postpartum.net/build-network.html
One of the important things a mother can do for herself is to reach out to others who can help her: family, friends, other mothers, and others who can provide emotional support. When mothers don't have close family or friends around them, they can still go looking for supportive relationships.

www.gov.ns.ca/health/mhs/reports_resources/reports.asp
Government website that provides links to other Canadian sites pertaining to mental health.

www.peigov.ca/infopei/index.php3?number=3277&lang=E
Government site that provides contact information for mental health services, agencies and support groups in PEI communities.

www.cmha.pe.ca
Canadian Mental Health Association programs and services in PEI. Click the Contacts link to access contact information for PEI Branches and Regional Offices.

www.gnb.ca/0051/0055/index-e.asp
Provincial Government site gives information about mental health and addictions services in New Brunswick and contact information for Community Mental Health Centres.

www.nb.cmha.ca
Canadian Mental Health Association programs and services in New Brunswick. Click Contact Us to see contact information for local NB Branches and Regions.

www.chebucto.ns.ca/Health/TeenHealth/mentalhealth/home.htm

Aimed at teens, but provides useful information about mental health and mental illness and many useful contacts and other mental health links.

www.cdha.nshealth.ca/default.aspx
Click Capital Health A-Z in the top menu, then select M, then Mental Health Services. Provides lots of information about programs and services in the Capital Health region.

www.cdha/nshealth.ca/facilities/nshospital/foundation/
Provides or supports mental health programs, fund raises for mental health. The Resources page provides links or contact information to community resources, provincial health services, and informative sites.

www.novascotia.cmha.ca
See the Programs and Services page for information on how to access mental health care in Nova Scotia. The Nova Scotia Branches page gives contact information to CMHA Branches in Nova Scotia.

www.cmhanl.ca
Offers public education about mental health. See the Links page for useful provincial, federal, and international links to services and agencies.

www.healthly.nl.ca/home.html
On the Home page, click Health Information in the Search section of the left side menu and enter Mental Health in the keyword field to find services in your area.

<http://ourhealthyminds.com/tabid/93/Default.aspx>
There are many mental health and related organizations in the Capital Health District that can be a tremendous help to people living with mental illness and their families.

www.cwla.org/positiveparenting/tipsdiscipline.htm
CWLA is a powerful coalition of hundreds of private and public agencies serving vulnerable children and families since 1920.

www.gov.ns.ca/health/mhs/where_to_find_help.pdf
Mental Health Service inquiries please contact the local mental health service in your area (PDF)

www.bcnd.org
Information for new dads. Explains postpartum depression and includes a handout that suggest many ways a father can help his partner when she is suffering from postpartum depression.

www.postpartum.net/Friends-and-Family/Tips-for-Postpartum-Partners.aspx

Information and suggestions for partners of mothers who are suffering from postpartum depression.

www.anxietycanada.ca

Anxiety Disorders Association national advocacy & information

www.schizophrenia.ca

Schizophrenia Society of Canada Website; strong emphasis on family/friends

www.camh.net

Centre for Addictions and Mental Health – Toronto; Ontario Ministry of Health/ U of Toronto affiliations

www.nedic.ca

National Eating Disorders Information Centre

www.ocdfoundation.org

Patient advocacy/information site for Obsessive-Compulsive Disorder

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- www.houstonpostpartum.com/checklist.htm
- www.mentalhealthamerica.net/go/information/get-info/youth-and-families
- www.motherisk.org
- www.nida.nih.gov
- www.oneinfive.ca
- www.positiveparenting.com/resources/feature_article_002.html
- www.who.int/substance_abuse.html

Local Resources

A large rectangular box with a blue border and horizontal blue lines, intended for taking notes on local resources.

We welcome your comments on this toolkit!
Do you have feedback?

Please complete and return this questionnaire.
You do not have to include your name and address.

Name
Organization
Address
Telephone/Fax
Email
Did you find this publication useful?
Is there anything else you feel should have been included?
Are there any other comments you would like to make?

Thank you for completing this questionnaire. Please return to:
Reproductive Mental Health Services, IWK Health Centre
P.O. Box 9700, Halifax, NS B3K 6R8
Fax: 902-470-6760



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