



St. Gerard Campus'
Maternal Mental Health
Training 2024



Our residents/students come in with diverse experiences, background, and unfortunately traumas that affect their day to day lives:

- Negative foster care experiences
- Trafficked
- Escaping violence and dysfunction
- Substance use disorders
- Mental health disorders

Risk for Single Mothers

Single mothers with children between the ages of 0-3 are twice as likely as married mothers to report symptoms of depression, anxiety, and parenting stress.

Maternal depression in single mothers is associated with a higher risk of maltreatment and an increased likelihood of unmet health needs.





At least 1 in 7
women
experience
maternal mental
health
complications.



- MENTAL HEALTH COMPLICATIONS CAN HAPPEN DURING AND AFTER PREGNANCY.
- A MOTHER CAN ALSO DEVELOP POST-PARTUM MENTAL ILLNESS, EVEN IF THERE HAS BEEN NO HISTORY OF DEPRESSION OR MENTAL ILLNESS.

Adverse Childhood Experiences (ACEs)

Helps us to assess the level of traumatic experiences and links childhood abuse and household dysfunction to many leading causes of physical and mental health issues in adults.

The ACEs questionnaire includes 10 questions asking about three major domains in a child's life: abuse, neglect, and household dysfunction.

The higher the ACEs score the greater the likelihood of:

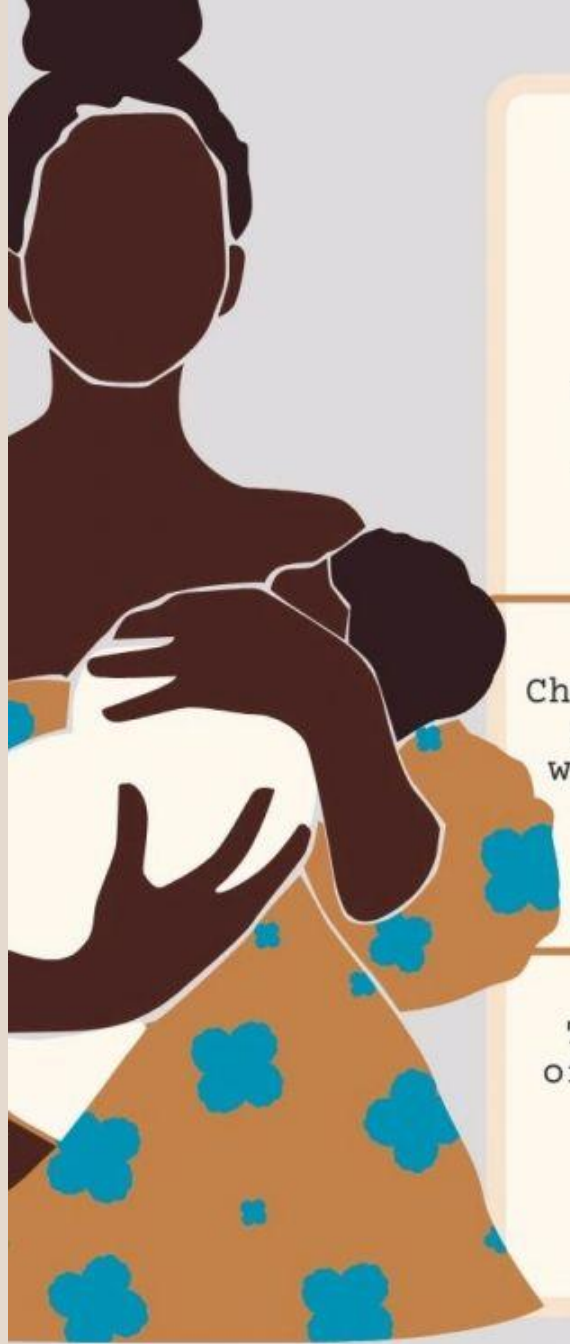
- Severe persistent emotional problems
- Health risks
- Serious social problems
- Adult diseases and disabilities

Most common Maternal
Mental health issue is :

Baby Blues

80% of postpartum
women experience baby
blues.





BABY BLUES

Very common and typically occur within the first two weeks after childbirth.

Characterized by mood swings, weepiness, and feelings of sadness or overwhelm.

These feelings often resolve on their own as hormones stabilize.

VS

POSTPARTUM DEPRESSION (PPD)

More serious and persistent condition. It can manifest weeks or even months after giving birth.

Symptoms include intense sadness, fatigue, changes in appetite or sleep patterns, and difficulty bonding with the baby.

PPD requires professional help and should not be ignored.

Trauma and Mental Health

Because of the various traumas, many of our students have been diagnosed or exhibit one or more of these disorders:

Personality

Mood

Anxiety

Personality Disorders

- Personality is the way of thinking, feeling, and behaving that makes a person different from others.
- Personality disorders are characterized by long-term patterns of behavior and inner experiences that differs significantly from what is expected.
- There are 10 specific types, and they affect at least 2 of these areas:
 - Ways of thinking about oneself and others
 - Ways of responding emotionally
 - Ways of relating to others
 - Ways of controlling one's behavior

Borderline Personality Disorder

Most prevalent personality disorder

- Illness marked by an ongoing pattern of varying moods, self-image, and behavior.
- Symptoms often result in impulsive actions and problems in relationships.
- These individuals often view things through an extremist mentality-
 - ALL GOOD OR ALL BAD
 - Unstable relationships- extreme closeness and love to extreme dislike and anger

Mood Disorders

- Depression
- Bipolar Disorders
- Psychosis

Anxiety and Depression

Anxiety

- Excessive worry or inability to control one's worry- persistent thoughts.
- Agitation and irritability
- Restlessness and sleep disturbance

Depression

- Overwhelmed feeling of the ability to cope
- Lack of feelings or connections
- Inability of taking care of oneself
- Isolation or social withdrawal
- Increased bodily symptoms (headaches, back pain, GI distress)

Bipolar Disorder

- 60% OF WOMEN WITH Bipolar Disorder present initially as depressed.
- 50% are first diagnosed with postpartum.
- Characterized with Hypomania or Hypermania
- Elevated mood symptoms

Euphoria or agitation

Decreased need to sleep followed by a crash

Racing thoughts

Increased productivity and energy to complete opposite

Psychosis

1-2 out of 1,000 postpartum women will develop postpartum psychosis.

Symptoms

Disorientation

Agitation & hyperactive

Mood swings

Rambling

Thoughts/internal voices of baby being harmed or killed

Paranoia

Hallucinations

DO NOT LEAVE BABY WITH MOM AND GET IMIDIATE HELP

Risk Factors

1. Personal or family history of mental illness
2. Past abuse or trauma
3. Fertility issues: pregnancy loss, high-risk pregnancy, or past traumatic birth
4. Stress (grief, loss, change, transition)
5. Lack of support
6. Existing medical conditions (thyroid, endocrine disorders)

Mental Health Screening

St. Gerard Campus' Policy

All residents/students will have an evaluation within their first 10 days at St. Gerard Campus.

Counseling is required for all St. Gerard Campus residents/students.

Please report all concerns to the Executive Director.



How can we support?

- Manage mothers to do list
- Meal plan for both mom and baby
- Encourage good sleep habits
- Pray with mom and encourage
- Be the listening ear

