



## A Conversation About... Perinatal Mental Health

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**Release date:** Wednesday 9 November 2022 on MHPN Presents

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Natasha Lindros, Clinical Psychologist

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**Host (00:01):**

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

**Dr Nicole Highet (00:17):**

Hi, and welcome to MHPN Presents a conversation about. My name is Dr. Nicole Highet and I'm a psychologist and the foundry and an executive director of COPE based in Melbourne, Australia, and I'm delighted to be joined by Natasha Lindros, a clinical psychologist and perinatal specialist. Hi Natasha, thanks for joining me.

**Natasha Lindros (00:35):**

Hi, Nicole. It's great to be here.

**Dr Nicole Highet (00:37):**

So look, today we're really going to talk about perinatal mental health and really understand and delve into it a little bit further and give our listeners a really good understanding about what it is about this context or this life stage that makes it so unique, particularly for those working in the field. Look, a really good place to start, obviously something I'm often asked about is, well, what is perinatal mental health and how do we define that period of life? So how do you define it, Natasha?

**Natasha Lindros (01:03):**

That's such a good question and I think I could probably answer it in so many different ways. For me, perinatal mental health is about the health and wellbeing of not just an individual but the entire family unit and when they are traversing the perinatal context. Now again, that's something that has a lot of different definitions in terms of what is perinatal, I guess I would consider it anything to do with the journey, even if at the start when you're starting to think about becoming a parent, it doesn't have to be that you are a parent and it can sort of traverse through traditionally the first 12 months postnatally. But



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I would say from my clinical practise that many issues come up even in the sort of 2, 3, 4 years postpartum. So it's quite a broad definition in my clinical experience, I would say.

**Dr Nicole Highet** (01:52):

Yeah, for sure. And look across each of those different, that period of time. So you are beginning it right back at when you might be thinking about or planning to have a family, and then obviously lots of things can surface or not go to plan in that journey to becoming a parent. So even once you've made the decision, we know that sometimes people then struggle with infertility, for example. Then we have pregnancy and we know that this is a vulnerable time and a time with mental health problems existing and then birth and then the postnatal period are filled with our own challenges. So at each of those different stages, would you say you see more presentations or do you find it pretty much across the board or people coming back or things that have affected them early but getting help later? Where do you see that in the client presentations that you see?

**Natasha Lindros** (02:43):

I'd say that I don't really know that one stands out more than the other. I think probably a bit of that would depend on your context of where you are working. So for me, I probably work largely in the antenatal period, but even when I'm working in the postnatal period, we are often working people who are identifying or reflecting on issues that might've come up through their journey around fertility and they could even be talking about and bringing up and sharing experiences of previous births or losses as well. So it's such an intermixed and interconnected period, which is what I love about it. I've been in the field for, I think it's about 15 or so years now, and on paper if I receive a referral it might seem like, oh, this is a referral I've had before. But every single person, every single family that I work with, there's always individual nuances and individual differences to their story, their unique story. So yeah, I guess I'd find that being really specific about a period that's presenting the most is difficult to say because really complex.

**Dr Nicole Highet** (03:50):

Yeah absolutely, absolutely. I'm just really interested as a clinician working in the field right now, do you think the number of presentations that you're seeing is increasing or has it stayed the same? Was there any impact of covid? Are you seeing a greater rate of clinical or perinatal mental health presentations?

**Natasha Lindros** (04:09):

Yeah, look, I think it's an interesting question In the immediate sort of context, it's a difficult question to answer because I think one of the factors that comes up so much, and it's across all mental health conditions I suppose, is how much does stigma or shame, I think particularly in the perinatal context, the issue of shame and kind of the ability to feel comfortable and be in an environment where you can speak freely about what your experience is. I think that's really shifting and changing. I think in the time I've been in the field, we've seen a lot of really significant efforts to try and shift some of that stigma and shame that relates to perinatal mental health, but I do think that still is very present. I think social media has probably had, in my generational time, we've seen such a huge change in that and I think that that can kind of go both ways.

(05:02):



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So sometimes we see people sharing more openly and it's a platform for people to be able to share. On the other hand, I think some of the imaging images that can get put forward of what motherhood should look like or should feel like can be really conflicting to the reality. So I think that affects what we see in terms of how present it is now or not. And I think the other big factor that's really relevant to us talking in today's context is that I would say Covid has had a dramatic effect on our parents and people traversing the perinatal field.

**Dr Nicole Highet** (05:40):

In what way?

**Natasha Lindros** (05:41):

Well, I think pre covid as a clinician, we would often be looking at the psychosocial factors around a family unit and we would be really wanting to consider how interconnected is the family unit with their social network, their health professional, those various sort of factors. And through Covid, a lot of those really significant biosocial factors they've been, it's sort of almost like they're on steroids, they've been exacerbated so much more. So I think it has been a really difficult time. Been a lot of moms that I've spoken to who have sat in the maternity unit completely alone, or their partner was able to come in for two hours and then they had to leave. I've spoken to parents whose children hadn't met other children for months and months at a time through Covid, and now we are seeing those little bubs at two years old not with the same level of social skills or experiences to draw on. So yeah, I think that as an example of those things, there's plenty more I could keep talking about, I guess, in terms of those factors. But yeah, I definitely think that we're seeing the impact of that. And I would also add that actually we're seeing it or I'm hearing about it probably more now than even in the height of all of the lockdowns and the time when we were first exposed to Covid.

**Dr Nicole Highet** (07:06):

Yes, it was interesting. We certainly heard more about people who were, I think those who already had predisposed to anxiety. I think those really elevated in the covid experience from what we are aware of, but also as you say, the social support networks, which is such important protective factors here, were sort of disabled because we couldn't have access to those supports. And it's really interesting that you say we're going to see these long-term impacts for some time into the future, I believe as well.

**Natasha Lindros** (07:35):

Yeah, definitely. It certainly seems to be the case. It certainly seems to be the case now, the longer term effects of that crucial time for those babies that have been born and raised through this period of covid, the part of, it's not obviously only, but part of their crucial brain development phase when they're laying in a lot of neurological foundations and they're learning so much about the cues, it's really hard to read a person's face and understand what different facial expressions are when you're mostly seeing faces in masks, for example.

**Dr Nicole Highet** (08:08):

Yeah, absolutely. We really can't underestimate that impact. Now you mentioned there the psychosocial factors and in perinatal mental health we often like to talk about the bio-psychosocial model. It sounds



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like a big mouthful, but can you tell us a little bit about why this is particularly relevant in the perinatal context?

**Natasha Lindros** (08:29):

Yeah, look, I think many people who are listening would identify that in mental health, the bio-psychosocial model is such a great foundation to start with or draw on in terms of conceptualising and understanding what's happening and what might be interplaying or interconnecting for a person. I think in the perinatal context, the reason it's so helpful as a concept and as a way to formulate and frame our assessment process and also our treatment process, that it's really inclusive of the myriad of factors that can be interconnecting and the different factors that can be interconnecting for each individual within the family context. So if you're looking at, for example, the psychological factors for the mother, we also really want to consider what are the psychological factors for the infant that could be interplaying in here and the partner and potentially other children within the family unit and the mother-in-law, and you can keep on going out.

(09:30):

And when you think about all of that interconnectedness, it's very rich in terms of informing you as a clinician. And I find also it's really rich in helping build the reflective process or the understanding for the person who's experiencing the perinatal mental health issue if they can really understand. I found that to be really powerful as a tool for communicating with families. I'm a terrible drawer, but sometimes I really like to get a whiteboard out and kind of put all of that up on a board and think about these different factors, and it can be really helpful then for someone to sit back and look at that and understand more about why they're feeling the way they're feeling. It really helps to put the pieces of the puzzle together.

**Dr Nicole Highet** (10:16):

And I can imagine that would be really helpful for them after the session as well, just giving them a greater context to then be aware of when they go back to their lives and how the different factors around them are really continually interplaying and affecting each other and ultimately potentially impacting on their own wellbeing.

**Natasha Lindros** (10:31):

Yeah, yeah, I think it's such a great thing to have something that works outside the session to continue building that insight and that reflective capacity and function of the person or the family unit. It's really powerful then.

**Dr Nicole Highet** (10:44):

Yeah, no, I can see why it's so particularly relevant, particularly in this space. I think there is a growing interest in perinatal mental health. We've even talked before Natasha, about how even within the field of perinatal mental health there is becoming specialties within there, whether you're specialising in birth trauma or perinatal loss or postpartum rage, there's beginning to be all these unique areas of specialisation within the perinatal field as it sort of grows in and people are understanding its complexity, people are then really delving in and specialising because it's such a specialist area. What do you think are some of the challenges for clinicians working in this space?



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**Natasha Lindros** (11:25):

Oh yeah, that's really interesting, isn't it? How much it's expanding and growing and how quickly we are really seeing, I think this massive momentum, which is so exciting for you and I that have been sort of in this field for a long time. It's really cool to see so many of these different things that we've thought of in the past like, oh, that's another area we've got. It'd be really good to get more knowledge and more understanding of that. So I think that's brilliant just to see and witness that happening. It's an exciting time for the field. In terms of your question about challenges, I mean, I think one of the things for me personally that's been really interesting is to be going through my own perinatal journey as a parent while supporting parents through their journey. I imagine if we were to have had this conversation 15 years back before I was a parent, it would've been an interesting sort of difference to this conversation.

(12:18):

And I think not only just as a parent being a parent, but also obviously all of us have been parented in whatever way we've been parented. So how I might've talked about that 15 years ago or 30 years ago even would be so different to how I would talk about it now. And I think one of the things that's really shifted that for me is it's a really incredible experience to sit with all these various families that I've had. I was going to say the pleasure, but just the honour actually of sitting with these people and hearing so raw and vulnerable, what gets shared. And that has really affected my own experience of parenting and understanding my own and how I was parented. So I'm often really grateful in my own moment of having an interaction with my daughter and I'm sort of thinking, how am I handling this? And I have all these experiences and sharings of all these other moms and fathers and people that I've worked with in that moment. I feel like that's really a blessing to my own parenting because it really helps normalise some of the challenges that I can go through as well.

**Dr Nicole Highet** (13:24):

Very understandable. And I suppose also, if you've experienced your own challenges in your perinatal journey, that must sometimes bring up, for example, if you'd experienced your own loss of a child or birth trauma, for example, if you were providing treatment and therapy for someone around that emerging issue, that must be really challenging as a therapist and working in this field.

**Natasha Lindros** (13:45):

Yeah, look, I think, I guess when you're working in the mental health field altogether, there can be various transference or countertransference of issues that you can encounter, and I think having your own skill of how you deal and cope with that is really important and the age old thing of ensuring that you're practising good self care. Yeah, I would personally say that more than ever in this particular context, especially if you have been a parent or wanted to be a parent or you have your own story around parenting, then I think that sort of thing is really crucial to develop self-reflective and good practise or skill sets for how you manage that. Obviously while you're with somebody, but also after a day of work like that, how you're going to process and manage that. So I think it is a really crucial element. I definitely would say when I'm playing a role of a supervisor in my work, this is kind of a fairly recurring conversation that will come up in the supervision context for developing perinatal clinicians as they're often wondering how to traverse some of these and very important question I think that you've raised there.

**Dr Nicole Highet** (14:55):



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Going forward, what do you think are probably some of the biggest challenges for clinicians who are in this space?

**Natasha Lindros (15:01):**

I think right now probably the hot topic is managing referrals and the overwhelm need. That's probably something that I'm hearing a lot about. I spoke to a really good colleague, a good friend of mine recently and perinatal psychiatrist, and at the moment he's completely full, he, he said, I need another one of myself to be able to manage, and it's really hard to turn away or close your books. We know how great the need is for the people that are contacting us or the referrals that we're receiving. And so that's really challenging to not be able to take it all on.

**Dr Nicole Highet (15:37):**

Do you think there's been an increase in that rate of referral or is there just not enough clinicians in the field who are really having this expertise?

**Natasha Lindros (15:45):**

I think that might be the perfect storm, Nicole, at the moment. I think we do have, it seems a really busy period in terms of need, and I don't think, well, obviously none of us could predict the impact of covid at the beginning, but I don't think we have a big enough workforce of skilled clinicians or people with the insight and understanding of the perinatal context specifically to be able to support the level of need.

**Dr Nicole Highet (16:14):**

Yeah and I'm really interested to understand, I mean, we've talked before about if you were a client, you were struggling at some point in your perinatal journey and you went and saw someone who didn't quite get it for whatever reason. Do you have people who you've seen who haven't been satisfied with where they've sought treatment from before and what are the reasons for that?

**Natasha Lindros (16:36):**

Yeah, I guess I could say for sure, I've had this conversation before with people that I've met. I think in terms of the reason it is just feeling an ability to feel related to and understood. I think you'll hear many parents say that no one could prepare them enough for what parenthood is like. They can read all the books in the world and they can have all of their friends share their birthing experience or their own experience of parenthood, but until the person's actually traversed it themselves, it's difficult to really feel understood about what it's all about. And I think you don't have to be a parent to be able to understand it. And obviously everybody's experience is different anyway, but I think having a good understanding of what can be involved in the perinatal context. If you don't understand what can go on in the birth suite, for example, then it can be hard to relate to somebody who has no concept what that could be like.

**Dr Nicole Highet (17:38):**

So going forward, what do you see for this field in the future? What does the future look like for perinatal mental health? What does it need? Where are the gaps? And what would you like to see for the future of perinatal mental health to support parents at this vulnerable life stage?





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### **Natasha Lindros (17:54):**

How long have you got? No, look, I think it's really positive. It's a really exciting time for our field. There's so much great knowledge and so much amazing experience out there. So I think what the field needs is a really collaborative and interactive kind of approach. So we were talking before about those specialty areas developing, so that's really exciting. It's really great that somebody, or not somebody, but areas of particular interest are really getting expanded and well-researched and developed. What needs to happen from that is that then it needs to be shared and interconnected, and we need good accessibility for further education and building our own skillset as clinicians.

### **Dr Nicole Highet (18:39):**

And I think certainly standing back and looking at perinatal mental health from a global view, I think Australia is certainly today is definitely one of the leaders in perinatal mental health. We are the only country that has really adopted universal routine screening to the point that we have. We're a big advocate for national guidelines and making sure we're keeping everything up to date with best practise. And we are working in an ever-changing environment with technology, how we connect with our parents and how we educate our health professionals. It is a growing and evolving space, isn't it? And there's lots of excitement and lots of opportunities there, and it's really giving an opportunity to integrate innovation with best practise and make sure we're supporting health professionals in the best way that we can.

### **Natasha Lindros (19:27):**

Yeah look, my kids are starting to give you a hint that I'm pretty old and stuck in my ways with technology, but I am really seeing, I've been resistant for so long to embracing it, but gosh, it makes things, everything's at your fingertips now. So it's really exciting that we can have all this knowledge. And yes, as you're right across the globe, it's easy now to get your hands on a recent paper that's been released in the UK or something that's happened over in the States. It's really amazing that all of that is so accessible.

### **Dr Nicole Highet (19:56):**

And similarly, I suppose those in our care also getting their information from everywhere. And although that can have great advantages as we know, it can also come with its own pitfalls when people are reading and comparing themselves and not necessarily always accessing evidence-based information. So it's really important that we're there to continue delivering them with best practise information as clinicians in the field along the journey, because there is a lot of room for misinterpretation or not getting quality information.

### **Natasha Lindros (20:28):**

Yeah, I think that's a really good point. And I definitely would say I see that sometimes someone might come in after a night of Googling while they were up breastfeeding or looking for a sleep and settling solution and just feeling so overwhelmed with the amount of information and options that they've come. So that's another sort of thing I suppose to sort of come back to one of your other questions earlier on about as a clinician, what we can do and how we, I think being really well-informed and helping guide the families that we're working with on what's good information and where to go when is another really useful thing.



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**Dr Nicole Highet** ([21:05](#)):

Excellent. Well, I think that's been a fantastic conversation today, Natasha. It's really highlighted. I hope that certainly for me re-highlight's, and I'm hopefully also for our listeners today, just how complex the perinatal context actually is. And it is an exciting field to be getting into. It's an ever-growing field, and it's just becoming more and more specialised. And I think with recent world events and life events and the continuing changing world that we are always living in, there is no shortage of the need for clinicians who are interested to grow and develop into this amazing and very, very rewarding space. So thanks for joining us on this episode of MHPN Presents, a conversation about perinatal mental health. You've been listening to me, Dr. Nicole Hyatt

**Natasha Lindros** ([21:51](#)):

And me Natasha Lindros.

**Dr Nicole Highet** ([21:53](#)):

Wonderful. We hope that you've enjoyed this conversation as much as we have. I always value our conversations, Natasha, but this one as always has been why we've hopefully encouraged our listeners today to pursue further knowledge, education and training in this very specialised but very rewarding area if you would like to access any information about COPE and or the training resources. And Natasha and I have just completed developing a specialist training course for mental health providers who want to gain expertise in perinatal mental health. It's been three years in development, but it's a great starting platform, and there's some other great learning courses out there as well. But you can also find information about this course and others on the landing page. And also there is Natasha and my own biography and links to a feedback survey, MHPN of course, values your feedback greatly. So please follow the link and let us know whether you've found this episode helpful, provide any comments and suggestions about how MHPN can better meet your needs, and also you can provide there a star rating. So stay tuned for other episodes in the series of conversation about where we'll continue discussing perinatal mental health. Also be on the lookout for the upcoming episode in the first person where I'm going to be chatting with Ariane Beeston about her personal experience of perinatal mental health. Thank you very much for your commitment and engagement with our interdisciplinary person-centred mental health care. It's goodbye

**Natasha Lindros** ([23:18](#)):

From me, Natasha,

**Dr Nicole Highet** ([23:19](#)):

And from me Nicole.

**Host** ([23:21](#)):

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