



## 2020 Mom Presents “Models that Made It”:

### Postpartum Support Virginia’s Support Group Model

Postpartum Support Virginia (PSVa) provides **support groups led by peers and clinicians** for women experiencing maternal mental health disorders (MMHDs) in 20 locations in Virginia. PSVa launched their first support group in 2005 and since then has learned many lessons about running groups and have refined their model based on this experience. When run effectively, support groups can be an important part of recovery from MMHDs.

***PSVa’s support groups are FREE, easily accessible, on-going, and drop-in; are peer support groups that provide psycho-social support; and are located in hospitals.***

**Eliminate barriers to care.** The goal is to remove as many barriers as possible that might prevent someone from attending a support group.

- **Groups are FREE.** PSVa doesn’t ask for donations; as they don’t want women to feel any financial pressure. Women experiencing MMHDs often feel undeserving of help; they may be home on maternity leave and not earning any money. PSVa’s support groups are often the only free resource for new mothers experiencing MMHDs.
- **Groups are ongoing, drop-in, and meet at the same time and location.** Groups meet regularly and don’t require registration. Consistency is key: same time, same place, same day of the week. New moms are overwhelmed and sleep-deprived; we need to make it easy to remember where and when groups meet.
- **Groups meet twice a month.** Once a week is too often for volunteer facilitators; once a month is not enough for new moms. Sample schedule: 1<sup>st</sup> and 3<sup>rd</sup> Wednesday mornings each month; 2<sup>nd</sup> and 4<sup>th</sup> Thursday evenings each month.
- **Babies are welcome.** New moms might be too anxious to leave their babies, or are exclusively breastfeeding, or don’t have child care. Our policy is “babies in arms are always welcome.” Seeing a mom interact with her baby is an opportunity to reinforce that she is doing a good job. [Some women choose to attend the group without baby, which is fine, too. This models good self-care: having time away from baby.]
- **“Come as you are, when you can, as long as you can.”** Moms know they don’t have to dress up or pretend they are fine. They can come in their pajamas. They can bring their support

person(s). They can come early or arrive whenever baby's schedule allows; there is no such thing as 'being late'.

- **Note about older children.** While having older children attend a group is not ideal, PSVa never excludes a mom if she must bring other children. However, we encourage her to bring an activity to keep them occupied so she can focus on herself.

**Facilitators are peers and provide psycho-social education.** Having a team of well-trained facilitators is essential!

- **PSVa training.** PSVa has developed an 8-hour training to educate our support group leaders about both MMHD and how to effectively run a support group. We require all support group leaders to attend to ensure they have requisite knowledge and skills for this important position.
- **Team approach.** At least two facilitators are present at each meeting. One facilitator leads the discussion while the other welcomes newcomers, hands out information (or tissues), holds a baby to give mom a break, helps a mom in crisis (calls support person, escorts mom to emergency room, etc.). Support groups can be extremely emotional; having someone to assist during the group and debrief with afterwards is vital. Ideally one facilitator is the team lead and is present at all sessions, with assistant facilitators helping. Again, consistency is important; moms don't want to start over with a new facilitator each time.
- **Peer-led.** At least one of the facilitators is a MMHD survivor who can say "I've been there." This simple statement provides much-needed validation, normalization, and hope for recovery. According to Mental Health America, "peer support is a unique and essential element of recovery-oriented mental health." As women progress toward wellness, they provide hope and help to new support group members.
- **Clinician-supported.** We try to include at least one facilitator who is either a mental health professional (therapist, social worker, etc.) or medical provider (nurse, lactation consultant) to add another dimension to the group and to speak from a position of knowledge, credibility, and authority. For example, a support group leader who is a pediatric nurse who can say, "In my twenty years of nursing, I've heard lots of moms say what you are saying."
- **Mental health crisis support.** Support group leaders have direct access to a mental health professional who is "on call" during the support group should an emergency arise.

**Support groups are held in hospitals.** [Note: all women are welcome to our support groups, regardless of where they received maternity care.] Having a group at a hospital is attractive for many reasons:

- **Hospitals are safe and accommodating to moms and babies.** Hospitals offer ample parking, are well-lit, are on public transit routes, and have automatic doors, ramps, and wide hallways that accommodate strollers. Most new moms are familiar with the hospital, as they likely delivered or received obstetric care there. And many hospitals are becoming more involved in the community as they position themselves as a "medical home" for patients and their families.
- **Hospitals can help support the group.** Hospitals can help advertise through their website, social media, and print newsletters, and can include information about the support group in childbirth education classes, hospital tours, and maternity discharge packets. Hospital staff can assist with leading the group.
- **Hospitals have emergency medical staff.** If a mom attending a support group needs immediate attention, emergency medical staff are nearby. One facilitator can help the mom to the emergency room while the other facilitator continues leading the group.

- **Hospital groups help dispel stigma.** As one new mom noted, it's easy to say you are going to the hospital for an appointment. Having a group at a hospital reinforces that MMHDs are a health issues, not a personal failing.
- **Hospitals have other support groups.** At the hospital where we started a postpartum support group in 2005, there are two other important groups for new mothers: a New Parents Group (general information for new parents) and a Breastfeeding Support Group. All three groups meet on Wednesdays in the same location. New moms know they can come any Wednesday morning and find other new mothers. Women can attend any/all groups and often go for lunch at the hospital cafeteria afterwards. The group leaders can refer moms to the sister groups for assistance (for example, a mom attending the Breastfeeding Support Group who is also anxious is encouraged to attend the MMHD Support Group).

**Other components to wellness.** Recovery from a MMHD experience should include not only peer support but also self-care, talk therapy, and medication (at PSVa, it's referred to this as The Path to Wellness). Some combination of these four approaches will help all women recover. We encourage new and pregnant moms to explore all four aspects, share tips and techniques that work (such as splitting the night shift in half so each parent can get 5-6 hours of uninterrupted sleep), and often provide referrals to specially-trained mental health providers. Support group members share thoughts and experiences with therapists and/or psychiatrists to help others understand how helpful these providers can be.

**Topics for discussion.** While support group leaders are encouraged to have activities or topics for discussion, we find that most women just want to talk about how they are feeling. New moms experiencing anxiety and/or depression deeply want to know that they are not alone and that they are not going to feel poorly forever. Most women experiencing MMHD believe that they are the only one who has ever felt so lonely or sad; many women say that they feel like the worst mother in the world. Support group leaders and women who are further along the path to recovery provide much-needed support, normalization, and validation.

**Attendance.** Some women come once and never return; others plan their week around attending the group and attend faithfully for months. Attendance ranges from 2-14 and is often unpredictable. It's important to remember how difficult it is to get out the door with a new baby, or to get out the door if feeling anxious or depressed. So it's doubly-challenging for women experiencing MMHD to get anywhere.

**Outreach and publicity.** PSVa encourages support group leaders to share information about the group with maternal-child healthcare providers, including obstetricians, pediatricians, family physicians, hospital nursing staff, childbirth educators, lactation consultants. Hospitals can help by including information about the group on social media and their website; in print materials such as newsletters and brochures; by hanging posters with info about MMHD and the support group.

*You are not alone. You are not to blame. With help, you will be well.*