

Cross Cultural Newsletter

The Screening and Early Intervention of Chinese Women with perinatal mental health problems in the Community”

International Speaker: Dr Bonnie Siu

6th September, 2016

Dear Members,

Once again, this letter is to report to our members about the last meeting we had. For a change, the meeting was held at the East Tamaki Campus of the Auckland University and co-sponsored by the Department of Population health and e CALD of WDH. More than 70 registered for the occasion. Unfortunately, only half attended probably because of the unfamiliarity of the venue to some of our members. A number also tuned in to our Web cast. The talk is of such an important value that a mere paraphrase provided by this newsletter would not do justice. I thus sincerely urge those who are interested to access our web link which is already available for our members. With this, I shall try to provide a very sketchy description of the presentation.



The topic for the night was “**The screening and early intervention of Chinese women with perinatal mental health problems in the community**”. The speaker was **Dr Bonnie Siu**, Consultant and department head of Castle Peak Hospital in Hong Kong

Bonnie’s presentation can roughly be divided into **three parts** : **Comprehensive Child Development Service (CCDS)**, an innovative seamless service to provide a platform for the detection and intervention of maternal and infant ill health; **the psychological impacts of maternal depression** ; and **lastly the pathways to early detection and intervention of maternal depression including the validation of various screening tools** . .

Bonnie first described in general about an **innovative service model** called **Comprehensive Child Development Services (CCDS)** which she pioneered and led. In the past, mother and babies were independently served by a number of organisations including the MCHCs, obstetrics, paediatrics, social welfare and education services. The innovative CCDS serves like a hub coordinating the various services to provide a smooth collaborative delivery of service to ensure maternal, infant and family health. Bonnie described the organisation of the CCDS and more importantly, she highlighted the key aims of CCDS viz: to identify child/families at risk, detect development of maternal depression and to intervene directly or refer on to various collaborating services. As one of the major aim is about maternal depression, Bonnie spent the rest of the time concentrating on maternal depression , the pathway to detection and intervention, and the various roles of the psychiatric nurse and the psychiatrist working in the CCDS,.



She then presented the **epidemiology** of postnatal depression, a not insignificant 15%. Untreated maternal depression would have far ranging effects on the mental health of the mother, the child and also marital relationships. As such it is so important that Bonnie described in detail about screening tools for detecting depression; research highlighting **the pathway to care** for postnatal depression; the effects of early detection and intervention programmes such as provided by the CCDS; and the development of assessment tools to detect problems such as the **postpartum Bonding questionnaire (PBQ)** which shed light on antenatal risk factors to alert staff to be vigilant for depression.

As to the **pathways to care**, mothers are usually screened by staff from the CCDS including MCHC using the **Edinburgh Postnatal Depression Scale** at 2 months postnatal as this is the usually cut off point between normal puerperal blues and depression. Those scoring around 10-12 on the scale would be referred to the psychiatric nurse and **those over 13 would be assessed by the psychiatrist**. Research comparing the outcome of those that came to psychiatric attention through this pathway and those through the usual channels eg by their doctors showed that via the former pathway, depression were detected earlier the earlier detection with less severe symptom intensities and more importantly, before the psychosocial function deteriorated.

The CCDS also conducted **other researches to validate Chinese versions of other screening tests to detect those at risk**. This included the **Postpartum Bonding Questionnaire (PBQ)**. This latter included four parts: a general factor; the presence of feelings of rejection and pathological anger; infant focussed anxiety; and incipient abuse. The questionnaires were administered at the third trimester and then 2 months post-natally. The results were highly interesting and would serve as guides to those dealing with Chinese patients: **marital dissatisfaction; relationship difficulties with mother-in-laws; antenatal depressive symptomatology; and anxiety-proneness in the personalities were all independent factors significant in the prediction of post-natal depression in Chinese woman.**



Much discussion followed. A number of our members were interested in the scales that Bonnie and her team developed. Bonnie invited them to contact her to obtain copies.

The meeting did not end until late into the evening.

The recording of the talk is now ready both on DVD and the web. Also certificates of attendance are available. Please contact Diane.

[One important issue for our members: In the future, those who have registered but unable to attend, please to let us know early.](#)

For those who tuned in on our web cast that evening, I must apologise for the poor quality of the sound. However, this has been rectified on our DVD and web versions. You can obtain a link from Diane.

NEXT TWO SESSIONS:

HIGHLIGHTS OF NEXT TWO SESSIONS:

In **October**, tentatively, we have Professor Max Abbott of AUT to talk to us on the mental health of international students.

In **November**, our last session would be on Eating disorder among Asians.

I look forward to your participation and thank you for your support this year.

Yours sincerely,

S Wong

On behalf of the Cross Cultural Interest group.

For a more accurate rendition of the presentation, **please request the DVD** from Diane Evans at dianee@adhb.govt.nz (please send \$2 stamps to help cover costs). Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:

http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm

