IN FOCUS

Maternal Suicide Prevention

A report prepared by
Dinah Thomasset
Founder Villagehood Australia
26th September, 2022

In memory of Nicola, Nicole, Belinda and all mothers who have sadly taken their lives

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Our community has faced some tragedies over the past few months.
Three too many in fact.

When a mum takes her life, we feel it deeply.
And so we gather, listen to one another and cry together.
We feel sad and grieve in our own way.

A couple of months ago, I chose to act, to advocate, to represent and amplify the voice of those who are suffering quietly.

A month ago, I met with Nadia Clancy MP, who has become the Premier's Advocate for Suicide Prevention in South Australia.

I shared the stories that were shared with me. I explained how mothers in the West are under-serviced, how they do not have access to the support they need, and that much more has to be done to protect the mental wellbeing of South Australian mothers and help close the maternal mental health gap in South Australia.

In September, Nadia joined our Community Chat about Maternal Suicide Prevention to learn more about how we feel and listen to our stories so she can better represent us. We spoke about those thoughts, those emotions and the reality of our journey.
It was raw. It was honest. It was brave.

Today, my aim is to continue to raise awareness about maternal suicide and incite more conversations about data collection and opportunities to improve our systems and services to better prevent maternal suicide.

Thank you for reading this report and being part of the change.

Dinah Thomasset

Founder Dinah Thomasset

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SUMMARY
Learnings, Recommendations & Contribution

Our learnings

- Maternal suicide Is the leading cause of maternal death in Australia in the perinatal period.
- Maternal suicides - happening, usually, during the first 6-12 months after childbirth - and maternal suicide attempts during and after pregnancy are a growing problem.
- These deaths are occurring at a time in their lives when women are typically in close contact with health professionals and the health care system.
- There is evidence of a range of factors that contribute to a perinatal woman's feeling suicidal and a 7-steps path to suicide attempts starting with the women feeling "attacked by motherhood".
- There are unanswered questions about the role of the health system in adequately screening for maternal suicidal risk, identifying and responding to the needs of women in the perinatal period and systematically collecting data on maternal suicide.

Our recommendations

- Stronger (better) health support for women and babies and families for the first 12 months and beyond.
- More community support - building a knowledgable village around mothers and fathers in this critical period of the first year and beyond.
- Better reporting of maternal deaths and better data collection on maternal suicide to fully understand and address the emerging trends.
- Funded research to capture what happens in the first three years postpartum.
- Commitment from researchers, policy makers and service providers to include mothers with lived experience in the strategy and implementation phases.

Immediate actions, highlighted by the latest research on postpartum depression, are available but are not routinely or universally applied:

- Early recognition of postpartum depression in postpartum women from all socioeconomic and cultural groups (postpartum depression does not discriminate).
- Professional support freely available to **all** mothers regardless of socioeconomic or cultural background.
- Peer support and mindfulness training, as key contributors to reducing PND, available to **all** mothers.

Our contribution

Villagehood Australia is a Registered Charity dedicated to the empowerment of the community to support the health & wellbeing of mothers, who are 95% of the time, the primary carers of children in the Early Years. Based on our learnings about motherhood stages & needs and recent evidence, we have developed and offer a set of programs to improve maternal mental wellbeing and support suicide prevention. We believe our contribution can be scaled to support more mothers in the early years.

Acknowledgement

Artist: Caitlyn Davies-Plummer

Villagehood Australia acknowledges the Kaurna people past, present and emerging, their culture, and that they are the traditional custodians of the land we live and work on.

We would also like to acknowledge all First Nations people across Australia.

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What we DO know about Maternal Suicide

maternal suicide is the

Leading cause

of maternal death in Australia in the perinatal period

The Conversation, 2019

of maternal suicide is due to severe depression

The Conversation, 2029

depression in pregnancy greatly increases thoughts about suicide while pregnant

mom2020.org

1 in 5

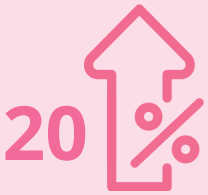
mothers of children 24 months or less have been diagnosed with depression

Australian Institute of Health & Welfare, 2012

6-12 months

maternal suicide is most frequently completed 6-12 months postpartum

mom2020.org



increase in calls during the pandemic with more suicidal cases

PANDA data, 2020 vs 2019

women more likely than men to experience suicidal thoughts or behaviours in their lifetime

ABS, 2022

suicide attempts during and after pregnancy have nearly tripled in the past decade

postpartumdepression.org

- Maternal Suicide is the leading cause of maternal death in Australia in the perinatal period
- 21% of maternal suicide is due to severe depression
- Depression in pregnancy greatly increases thoughts about suicide
- 1 in 5 mothers of children 24 months or less have been diagnosed with depression
- Maternal suicide usually happens during the first 6-12 months after childbirth
- During the pandemic, Panda recorded a 20 % increase in calls with more suicidal cases vs. the same period the year before
- 18.7% of females have experienced suicidal thoughts or behaviours in their lifetime compared with 14.5% of males
- Suicide attempts during and after pregnancy have nearly tripled in the past decade

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What makes a perinatal woman suicidal?

A recent study of "what makes a perinatal woman suicidal"- published in June 2022 in BMC Psychiatry, developed a grounded theory model of suicidal ideation and behaviour during the perinatal period.

Study Results: "The process was initiated when mothers felt attacked by motherhood which led to feeling like a failure, self-identifying as a "bad mother" and subsequent appraisals of entrapment and/or defeat. When nothing resolved the distress and as mothers collated reasons for why they perceived they needed to die, suicidal behaviour became a viable and appealing option. We theorised that mothers might make a suicide attempt when they entered a state of intense "darkness" brought on by a trigger, followed by a temporary lapse in the conflict between the desire to live and desire to die and an opportunity to attempt."

Study Conclusions: "This grounded theory has identified a cascade of thoughts and feelings experienced by mothers that can culminate in suicidal thoughts and behaviour during the perinatal period. Participants stressed the rapid onset of suicidal thoughts; this adds to the importance of health professionals investigating the thoughts and feelings outlined in the model below. Suggested interventions to prevent suicidal thoughts and behaviour include helping women manage their expectations for pregnancy."

STEP 1 Feeling Attacked by Motherhood	*"I felt out of control of my emotions, scared, alone and conscious that I was having a very different start to motherhood, to what I thought I would have, and the people around me were having"*
STEP 2 "I can't do this"	*"I have made a terrible mistake, I can't do this. This is all wrong, I am not supposed to be feeling like this, this is all wrong"*
STEP 3 Negative Self-Evaluation	*"I've not got this bond, so I'm a bad mum, I'm not going to be able to be a good mum to him"*
STEP 4 Defeat and Entrapment	*"I just wanted to run away, not commit suicide as such, but just disappear"*
STEP 5 Suicide Becomes Realisable	*"[suicide] sounded like the most logical thing to do, the only thing to do [...] it was the only way out"*
STEP 6 Trigger + No More Conflict + Opportunity	*"...it's like a really base-level urge to do something. It's almost like you're hungry or you need a wee or something you just can't ignore [...] and feels like it's coming from your body rather than directly from your mind"*
FINAL STEP Suicide Attempt	*"you just completely black out, you just feel like you've got no feelings towards anything, which is weird because actually the feelings lead you to feel suicidal"*

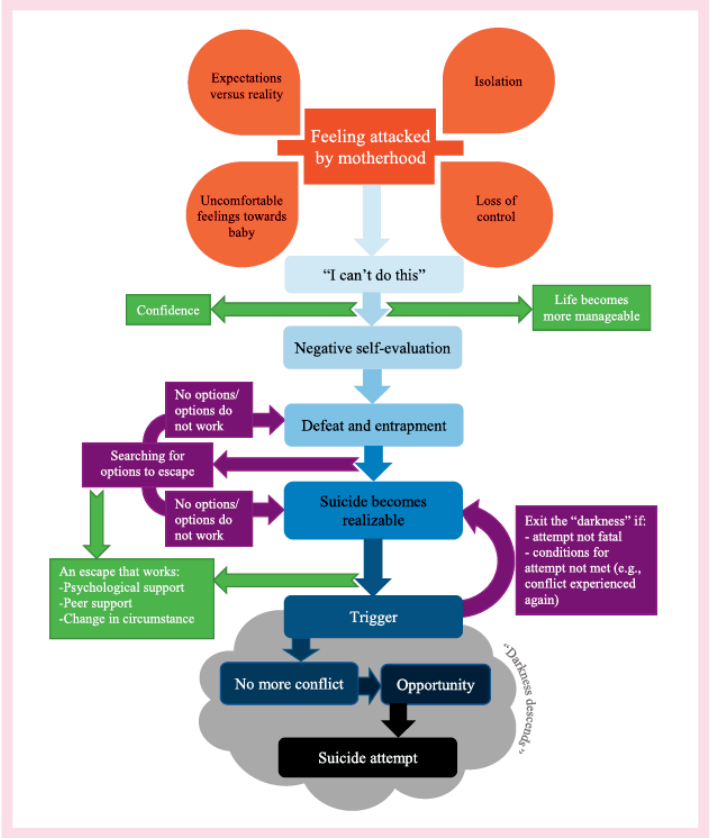

Figure above: The grounded theory model of suicidal ideation and behaviour development during the perinatal period (Holly E. Reid et al, 2022)

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What we DO NOT know about Maternal Suicide

- In Australia, in the decade from 2009 to 2018, 251 women died during pregnancy or within 42 days of the end of pregnancy (Australian Institute of Health and Welfare, 2020). **The research doesn't capture what happens beyond those 42 days** when we know that the perinatal phase should always be considered at least a year after birth.

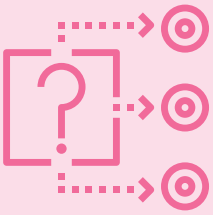
- **Delayed postpartum depression**. According to Postpartum Support International, symptoms of postpartum depression and other perinatal mood and anxiety disorders **can develop anytime in the first year after childbirth and beyond.**

- In a study conducted by professor of midwifery at Western Sydney University, Hannah Dahlen, between 2000 and 2006, that included the first year after birth, Professor Dahlen found that a **notable peak [in mental distress] occurred 9 to 12 months** following the birth.

- According to Professor Dahlen, "the government data follows the standards of the World Health Organisation (WHO). But the **data is not linking other deaths to maternal suicide** such as deaths ruled as accidental, or suicides where the fact that the woman has recently given birth."

- Professor Dahlen also flagged that "psychosocial screening is only provided to pregnant women in the public health system as a way to check any potential mental health concerns. This is not a requirement in the private health system which means that on average **25% of Australian women are not screened**."

research not capturing what happens beyond 42 days postpartum



data not linking other deaths to maternal suicide

of Australian pregnant women not screened

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We want every mother to "LIVE A GOOD LIFE"

OUR ASK

- **Stronger (better) health support** for women and babies and families for the first 12 months and beyond (considering the early years as a the new postpartum period due to delayed postnatal depression).
- **More community support** - building a knowledgable village around mothers and fathers in this critical period of the first year and beyond.
- **Better reporting of maternal deaths and better data collection on maternal suicide** to fully understand and address the emerging trends.
- **Funded research** to capture what happens in the first three years postpartum, which includes impact of delayed postnatal depression (without this information, we can't fully support the mothers)
- **Commitment from researchers, policy makers and service providers** to include mothers with lived experience in the strategy and implementation phases ("nothing about us without us").

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In the meantime... there is NO TIME to lose

After the loss of three mothers in the past few months, there is no time to lose.
We need to act now and respond to the needs of mothers.

Holly Reid et al's grounded theory model of suicidal ideation and behaviour development during the perinatal period highlights causes of women feeling attacked by motherhood (loss of control, isolation, expectations versus reality, uncomfortable feelings towards baby).

This confirms our knowledge gained through lived experience, conversations with hundreds of mothers and a review of the literature.

Based on these findings, we have identified the following motherhood stages and needs in the early years (0-5 years):

PREGNANCY AND NEW BABY FOG 0-4 MONTHS	SURVIVAL MODE 4-12MO	EMOTIONAL ROLLER COASTER 12MO-3YO	BALANCING ACT 3-5YO
NEED feeling ready and being held as they become mothers	**NEED** understanding what mothers are meant to do to secure the health and wellbeing of their children, and where they can find guidance along the way	**NEED** learning how to manage the children's tantrums & meltdowns and to maintain one's own confidence and wellbeing	**NEED** creating moments of joy in between chores and mothering jobs and help the children with school readiness

We know that the impact of untreated postpartum depression (PPD) can lead to poor physical and mental health outcomes to infants.

A review of studies on women with PPD by Slomian (2019) found that the physical and mental health implications for mothers with PPD lasted beyond the period of the depression, and that there were also significant physical and mental health outcomes for the infants of these mothers. Again, these would continue to impact them throughout their lives as their growth, for example, could be stunted. Untreated PPD, as a type of parental mental illness, can interact with complex biological and psychosocial factors leading to a host of poor outcomes extending beyond childhood (Hutchens and Kearney, 2020).

These studies highlight the need for PPD intervention across the board, and the potentially high cost of ignoring this phenomenon – a calculation that has not been factored into the economics of providing a service for PPD, and a cost to society that is completely hidden.

To prevent maternal suicide we need to SUPPORT mothers

- **Support should be available to all mothers**

With regards to PPD being associated with particular groups of women, Payne and Maguire (2019) found a range of biological markers, some of which could be genetic, that could be highlighted within women with PPD. While these are not necessary markers, they are prevalent enough to highlight the diversity of women who develop PPD and shift focus away from immediate life circumstances or social factors being predominant (eg low SES, education level, etc) although these may impact upon the women's access to support.

Hence support should be available to any mother who has developed PPD, regardless of race, class, SES etc. Shorey et al (2018) confirms this finding when they found that 17% of mothers developed PPD when they had no previous mental health incidents, hence previously being depressed was not a predictor of PPD.

- **Peer support and mindfulness: key contributors to reducing PND**

In terms of responding to PPD with interventions, there are pharmacological drugs that are used, but Bass and Bauer (2018) found that for some women, demystification and educational interventions suffice.

In their clinically controlled trial, Duffecy (2019) found that peer support contributed to supporting women with PPD in adhering to a program of recovery, and hence a group process of sharing experiences and supporting each other is worth pursuing. In fact, having a trusted peer that they can talk to in a safe and open way proved to be exceedingly important in Baumel (2018) trial, to the extent that training volunteers to be peers had a sufficient impact on the women's outcomes.

Sheydaei (2017) found that mindfulness training over a period of eight weeks had a statistically significant effect on reducing the Beck Depression Inventory score over a control group who did not receive the training.

A study published in the British Journal of Psychiatry (2018), found that group singing can reduce symptoms of postnatal depression faster than the usual forms of treatment

Lin (2018) found that self-help interventions also produce positive outcomes for managing and preventing PPD.

postnatal depression

DOES NOT DISCRIMINATE

life circumstances or social factors are not predictors of postnatal depression

peer support is a contributor to supporting women with PND

mindfulness and group singing can reduce symptoms of PND

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Villagehood Australia is READY

Villagehood Australia is a Registered Charity dedicated to the empowerment of the community to support the health & wellbeing of mothers who are 95% of the time, the primary carers of children in the Early Years.

At Villagehood Australia, we welcome every mother (and woman) into our village, holding space for her to maintain her sense of self, wellbeing and independence, as she navigates the trials and triumphs of motherhood.

Based on the motherhood stages and needs stated above, as well as the latest PPD research (including grounded theory about "what makes a perinatal woman suicidal"), we have developed a number of programs to help improve the maternal mental wellbeing and support suicide prevention in mothers, with the aim to help close the maternal mental health gap in Australia.

PREGNANCY AND NEW BABY FOG 0-4 MONTHS	SURVIVAL MODE 4-12MO	EMOTIONAL ROLLER COASTER 12MO-3YO	BALANCING ACT 3-5YO
Mummy Steps PERINATAL PROGRAM FOR EXPECTING & NEW MUMS VILLAGEHOOD AUSTRALIA	Baby Steps MUMS & BUBS PROGRAM WITH BABY EXPERTS VILLAGEHOOD AUSTRALIA	Circle of Security PARENTING™ PROGRAM FOR MUMS & CAREGIVERS VILLAGEHOOD AUSTRALIA	Singing Hearts MINDFUL MUSIC PROGRAM FOR MUMS & CHILDREN VILLAGEHOOD AUSTRALIA

Mummy Steps: this program targets expectant and new mothers (from 3rd trimester of pregnancy to 4 months after birth) and aims to prepare them for motherhood by giving them the support and resources to build their capabilities to cope with the new demands.

Baby Steps: this program targets mothers with babies from 4 months to 12/15months (when they start walking) and aims to share practical information from experts to guide them through the different baby milestones.

Circle of Security Parenting: this program aims to support mothers with toddlers to understand the needs behind the children's behaviours (tantrums & meltdowns) and to build a secure, strong and positive relationship with their child.

Singing Hearts: this mindful singing & music program aims to support mothers to create moments of joy with their child. The joy helps mothers to build their children's school readiness by improving their vocabulary and language skills and by helping the child to feel empowered by reducing their stress levels, improving their moods (brain changes when exposed to music) and to become more in touch with their emotions.

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Desired Program OUTCOMES

Improved health and wellbeing of mothers and children

- by fostering their social emotional growth (allowing them to identify their own needs, setting goals to meet their needs and knowing where to find support),
- by strengthening mother/baby connection (reinforcing the bond between a mother and her child has a direct positive impact on baby's development and mother's mental health) and
- by building a strong community support for mothers (by better connecting mothers to the appropriate support networks and empowering them to engage with the support, we increase their sense of choice and control)

Improved social and community connection

- by developing strong support networks
- by building new friendships through human interactions
- by increasing their level of participation in community activities

Increased confidence and resilience

- by providing access to Perinatal experts and tools (though Villagehood Australia's network) to better navigate through the postpartum phase and manage the baby's needs as well as their own needs
- by creating a safe space for mothers to be vulnerable and learn how to better cope with their emotions and challenges they face everyday as mothers
- by forming new friendships and creating their own village of support

Increased financial independence

- by reducing symptoms of PND we can help boost mothers participation in the workforce and increase their retention (Perinatal mental illness reduces the likelihood of women returning to the workforce following birth, with the workforce exit cost totalling $175m in Australia)
- through role modelling and experience sharing, working again becomes a possibility
- by offering volunteering opportunities through Villagehood Australia (95% of our volunteers are mothers) to boost their confidence, fill the gap in their CV and have strong references

PREGNANCY AND NEW BABY FOG 0-4 MONTHS	SURVIVAL MODE 4-12MO	EMOTIONAL ROLLER COASTER 12MO-3YO	BALANCING ACT 3-5YO
FEELING *"I feel supported and prepared and I know I am able to respond to the unexpected "It's not easy but I can do this"*	**FEELING** *"I understand what to expect and where to find the information I need to best respond to my child's need With the support of my village I know we can do this"*	**FEELING** *"Empowered with knowledge on secure attachment, I am confident I can respond to my child's need and build a healthy relationship with my child "*	**FEELING** *"Motherhood can be hard sometimes and I feel grateful when I get to experience moments of joy with my child knowing that my child is learning and getting ready for school"*

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How can Villagehood Australia help PREVENT maternal suicide

By connecting mothers, empowering the community, offering programs that have a direct positive impact on the mental wellbeing of mothers, Villagehood Australia can play a significant role in preventing maternal suicide as described below using the Holly Reid et al's model (stepping in before Step 5: "Suicide Becomes Realisable").

Please Note: our "Mummy Chats" are regular, casual, relaxing coffee catch ups (children welcome), providing support to all mothers, especially those who are struggling and are feeling trapped. "Move & Connect" is a series of classes to help mothers move gently and practice mindfulness.

STEP 1
Feeling Attacked by Motherhood

STEP 2
"I can't do this"

STEP 3
Negative Self-Evaluation

STEP 4
Defeat and Entrapment

STEP 5
Suicide Becomes Realisable

STEP 6
Trigger + No More Conflict + Opportunity

FINAL STEP
Suicide Attempt

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Our IMPACT so far

1. **Recorded 900+ visits at the "Villagehood" Centre**
   mums & children

2. **100+ people joined the NAIDOC Week Celebrations**
   with children & teachers from our local Kindy

3. **Mums attended 200 classes**
   Circle of Security Parenting Progran was booked out in less than 48 hours

4. **Connected with 50 new women and children**
   during our Mummy Chats In the western suburbs and north east part of Adelaide

5. **Children & Carers enjoyed 300 hours of fun time**
   in the Playhood Creche

6. **Welcomed 30 Volunteers into our Villagehood**
   compared to 5 in the first year!

7. **Were Featured on the ABC 7.30 Report**
   Won 2 Awards (SA Woman Heart Award & SA Women's Honour Roll Award)

8. **60 guests at our FIRST Mother's Day Pamper Event**
   SOLD OUT two weeks prior

Villagehood was my lifeline, when we first moved into the area. I didn't know anyone then. Now thanks to the Villagehood community I have friends I can rely on and be with

If Villagehood was everywhere and mothers could be in an environment that helps them feel empowered, confident and strong while their children watch them be their best version, how powerful would that be for the children? Just imagine that!"

I wish Villagehood existed when I had my babies. I probably wouldn't have struggled as much as I did then. It makes me hopeful though to know that Villagehood is here to support those who are struggling right now. I wish I could do more.

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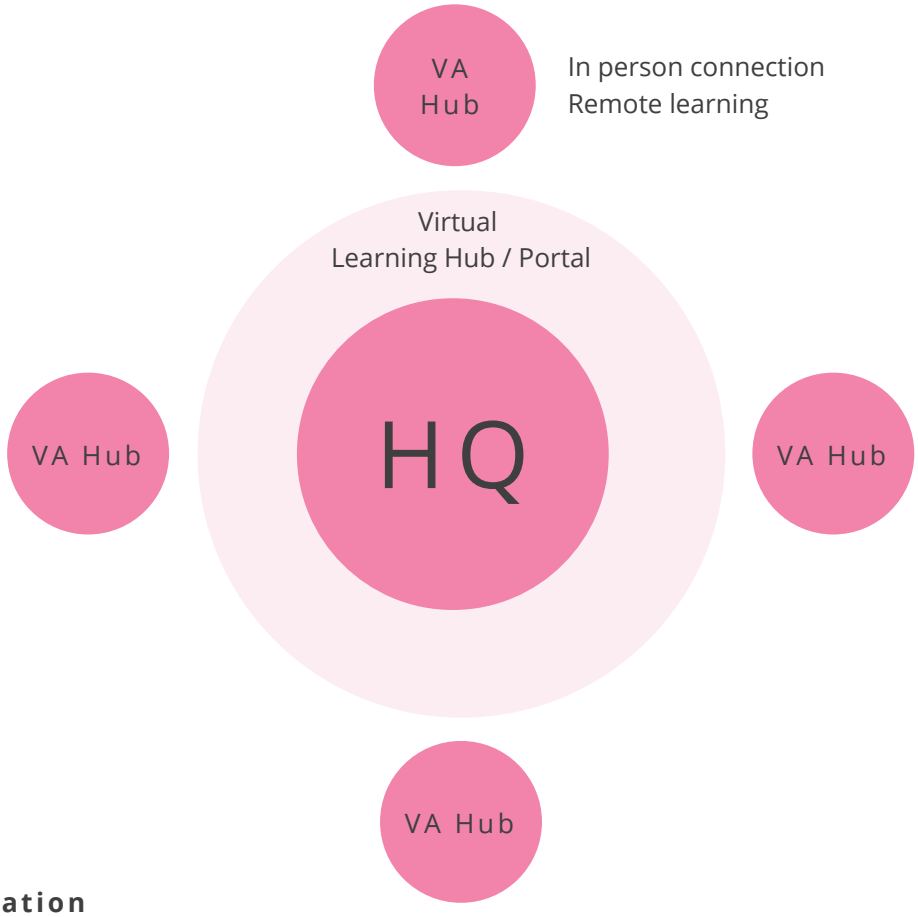
Our SCALABILITY Model

The Early Motherhood Learning Hub (EMLH) focuses on delivering programs **in person remotely** to mothers with children aged 0-5 years.

Over five years we propose to implement the following plan:

Establishment Phase
Year 1: Building the EMLH at our headquarters in Adelaide (in person programs via our digital platform)
Year 2: Testing The EMLH "in situ" to refine the programs and digital platform as if they would be delivered in a Villagehood Hub (in person class at the hub and programs remotely delivered from HQ)

Roll Out Phase
Year 3: EMLH roll-out in Port Adelaide / Enfield or North-East Adelaide
Year 4: Second location roll-out (looking to go further North where we have identified low SES areas)
Year 5: Third location roll-out (remote area) + capability building to scale and service mothers interstate



Budget estimation
Establishment phase: $250k
Roll out phase: $300k

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What is the value of saving a mother? Ask her child.

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Thank you

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