

The Role of Postpartum Support International in Helping Perinatal Families

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■ The role of grassroots organizations in supporting new mothers is reviewed. Postpartum Support International is an organization that links pregnant and new families with mental health resources and is a key advocate for mental health services for child-bearing women. *JOGNN*, 35, 659-661; 2006. DOI: 10.1111/J.1552-6909.2006.00088.x

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Women will often reach out for support from friends, acquaintances, and community groups before approaching health professionals. Grassroots organizations in communities throughout the world play an important role in supporting postpartum women and their families. Also known as self-help or mutual aid, grassroots groups provide community-based social support. In addition, grassroots organizations are positioned to utilize local and regional media to increase public awareness of the support needs of new mothers and families, to underscore the adverse impact of postpartum depression, and to advocate for mental health treatment for child-bearing women (Logsdon, 2000). Grassroots, volunteer-based support networks work because they are composed of peers sharing a common problem. The role of the professional is in an advisory capacity (Miller, 1999).

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Postpartum Support International (PSI) is the only organization established to bring together consumers who are experiencing postpartum depression, volunteers who have survived the disorder, and the professionals who treat the condition. It serves as a strong example of an effective grassroots organization.

The Formation and Structure of PSI

The history of the postpartum social support movement began in the 1970s. Interest in maternal mental health was preceded by the founding of successful organizations such as La Leche League and Lamaze childbirth education in the 1950s and 1960s. These organizations provided breastfeeding and labor support but did not include perinatal mental health issues. Social support programs and networks were developed specifically for new families because of the lack of information and education about the emotional reaction to pregnancy, birth, and the first postpartum year.

The first formal postpartum depression nonprofit organization began in Vancouver, British Columbia, Canada. It was followed in the 1980s by grassroots groups in the United States, the United Kingdom, Ireland, Japan, South Africa, and Australia (Miller, 1999). In each location, the need to support individual women and their families was the focus through telephone and group assistance. These services make a significant difference for those who are suffering from perinatal mood disorders (Honikman, 2002).

Postpartum Support International was founded on June 28, 1987, in Santa Barbara, California, at the first annual conference on Women's Mental Health Following Childbirth (Honikman, 2000). The mission of PSI is to promote awareness, prevention, and treatment of maternal mental health issues related to child-bearing in every country worldwide. The nonprofit's

550 members are the consumers, self-help groups, and professionals who lead the postpartum social support and mental health movement. The PSI Board of Directors sets the organization's policy, with input from the President's Advisory Council. Postpartum Support International's infrastructure features a global social support network. Area coordinators representing 25 countries, including 45 states in the United States, are the basis of the network.

In 2005, the Board of Directors of PSI began the formation of PSI Chapters. This process will enable current U.S. area coordinators to be under the tax identification umbrella of PSI. The networks based in Arizona, Virginia, and Washington are the first to seek this status.

PSI Services to Individual Women

Postpartum Support International provides a universal message given to the women and their families who are experiencing pregnancy-related mood disorders. This is expressed in three simple phrases: (a) You are not alone (validation), (b) You are not to blame (reassurance), and (c) Your experience is real, it is treatable, and you will be well (hope) (Honikman, 2002). This message reflects the dynamic process of mutual help in which knowledge is pooled, experiences are shared, hopes are reinforced, and efforts are joined together. Resources for additional information and support are listed in Table 1.

You are not alone (validation); You are not to blame (reassurance); Your experience is real, it is treatable, and you will be well (hope).

Each year, the PSI office in Santa Barbara receives hundreds of telephone, mail, and e-mail requests for support and information. When appropriate, these messages are distributed to the area coordinators for additional information and support (www.postpartum.net). This referral network promotes links back into an individual's own community. Since there remain gaps in this system, PSI continues to seek more volunteers willing to establish postpartum parent support networks (Honikman, 2000).

The PSI Web site www.postpartum.net was established during the 1990s at the Indiana University in Pennsylvania. It has received hundreds of thousands of "hits" from those looking for information, referral, and support. The Web site features articles, links to the PSI Social Support Network, a bookstore, and information about the organization.

A quarterly newsletter, *PSI NEWS*, is sent to the membership. It includes articles about pertinent re-

TABLE 1

Recommended Resources for Childbearing Women and Families

Archives of Women's Mental Health, published by Springer Verlag Wien (www.springer.at/wom_health)

Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) Web site: <http://www.awhonn.org>

Bennett, S., & Indman, P. (2003). *Beyond the blues: A guide to understanding and treating prenatal and postpartum depression*. San Jose, CA: Moodswings.

Davis-Raskin, V. (1997). *When words are not enough*. New York: Broadway Books.

Honikman, J. I. (2000). *Step by step: A guide to organizing a postpartum parent support network in your community* (Available from Jane Honikman, 927 North Kellogg Avenue, Santa Barbara, CA 93111).

Honikman, J. I. (2002). *I'm listening: A guide to supporting postpartum families* (Available from Jane Honikman, 927 North Kellogg Avenue, Santa Barbara, CA 93111).

Kendall-Tackett, K. A. (2005). *Depression in new mothers causes, consequences and treatment options*. Binghamton, NY: Haworth Press.

Kleiman, K., & Davis-Raskin, V. (1994). *This isn't what I expected*. New York: Bantam Books

Kleiman, K. (2000). *Postpartum husband: Practical solutions for living with postpartum depression*. Philadelphia: Xlibris Corporation.

Kleiman, K. (2005). *What am I thinking? Having a baby after postpartum depression*. Philadelphia: Xlibris Corporation.

Logsdon, M. C. (2000). *Social support for pregnant and postpartum women*. Washington, DC: AWHONN.

Miller, L. J. (1999). *Postpartum mood disorders*. Washington, DC: American Psychiatric Press.

Misri, S. K. (2005). *Pregnancy blues, what every woman needs to know about depression during pregnancy*. New York: Bantam Books.

Postpartum Support International Web site: www.postpartum.net

search, activities, and advocacy efforts from throughout the world. Postpartum Support International continues to sponsor an annual conference whose theme reflects the current trends in the scientific research and the role of support volunteers. Postpartum Support International is a cosponsor of the interdisciplinary professional journal *Archives of Women's Mental Health*, published by Springer Verlag Wien (www.springer.at/wom_health).

Political Advocacy

Stigma, denial, and ignorance are barriers to identification, intervention and treatment of postpartum depression. To overcome these barriers, PSI has played a leadership role in political advocacy for the mental well-being of childbearing women in a variety of legislative efforts.

In 1989, PSI sponsored a California legislative resolution requiring that law enforcement personnel be trained about postpartum psychosis. It was designed to educate police officers when they responded to cases of infanticide. In 1997, New York added information about postpartum depression to materials given to mothers upon discharge from the hospital. New Jersey, Texas, Minnesota, and Washington also have passed legislation to improve mental health care for perinatal families.

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At the federal level in 1999, PSI began lobbying the U.S. Congress to pass a resolution to call attention to the issue of postpartum depression and call for additional research. The bipartisan effort passed unanimously. In 2001, PSI helped write the first congressional bill, the Melanie Block Stoker Postpartum Depression Research and Care Act, in memory of Mrs. Stoker, who took her own life following the birth of her daughter in Chicago. Additional funding for more research on perinatal mood disorders is included in the bill. Although the bill has not yet passed, it is hoped that the third attempt in 2005 to 2006 will be a success (www.postpartum.net).

Strategic Partnerships

Postpartum Support International works collaboratively on many fronts. Postpartum Support International is a member of the National Institute of Mental Health's Outreach Partnership Program and participates in conference meetings to network with other major mental health advocacy groups in the United States. In 2002, PSI was invited to participate with the American College of Obstetricians and Gynecologists (ACOG) Providers' Partnership

Project. This collaboration linked PSI area coordinators with ACOG Fellows interested in postpartum depression, resulting in educational forums in Illinois, Indiana, and Pennsylvania.

Postpartum Support International is involved on the global level as a member of the World Federation for Mental Health. Postpartum Support International was represented at their conferences on Mental Health Promotion and Prevention at the Carter Center in Atlanta, Georgia, and in Auckland, New Zealand. Since the early 1980s, there has been an ongoing relationship with the Marcé Society, which promotes the international research on perinatal mood disorders. Postpartum Support International's country coordinators in France, United Kingdom, China, Israel, Australia, South Africa, Peru, and Mexico are also active members of the Marcé Society. Postpartum Support International continues to seek volunteer area coordinators from around the world.

Partnerships between consumers and professionals are the basis of the successful networking efforts of PSI. As the organization's membership grows, so will the strength of individuals and groups dedicated to the PSI mission. Denial and ignorance about perinatal mood disorders can be eliminated. Individual mothers, their partners, extended families, and friends will benefit from this expansion and the continuing development of the grassroots perinatal mental health and social support network movement throughout the world.

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