



Program Spotlight: Postpartum Depression



Participants and families at a Postpartum Depression (PPD) Program family event

May 11, 2012 will mark the fifth annual HAS Treating Moms Well luncheon in support of its PPD Program. The anniversary event will be attended by representatives of Chicago’s medical and social service communities, by the program’s partners and supporters, and—this year—by several women and families who have received program services over the years.

Established in 2004, the PPD Program at HAS offers a broad scope of services that make it uniquely inclusive. According to former program participant Andrea B., women experiencing PPD often struggle with fatigue and confusion that make completing daily tasks difficult. The program therefore offers what she describes as “one-stop shopping”: clinical evaluations, individual and family therapy, medication monitoring, health education, case management, and more. “When my PPD was at its worst,” she states, “having access to a single program that met all my needs was critical.”

“When my PPD was at its worst, having access to a single program that met all my needs was critical.”

—Andrea B., Former Participant

The clinical services offered are only one component of the staff’s work to address participants’ overall quality of life. Many HAS participants face perinatal mood disorders exacerbated both by issues such as poverty and language barriers, and by behavioral health problems experienced themselves or by their family members. The PPD program therefore works closely with other HAS initiatives: every year, dozens of PPD participants and families also take part in HAS programs addressing substance abuse, domestic violence, and mental health. HAS provides childcare for participants and helps them access services related to food, housing, and legal help.

PPD staff also supplement their clinical and social services with creative measures to improve participants’ perceived wellbeing. Since 2009, for example, the program has worked with the Modern Wave salon, in Chicago’s Bridgeport neighborhood, to provide participants with complimentary beauty services. Participants report that the experience helps them feel valued and improves their self-image. Former participant Marie M. agrees that the program’s emphasis on overall wellbeing is critical to women’s recovery: “This is a place for healing,” she says. “The really care, on a human level. They want to help women achieve.”

In this issue:

- 1 Program Spotlight: Postpartum Depression
- 2 Manager’s Note: Jennifer Novak
- 2 Congratulations & Accomplishments
- 3 Participant Profile: Marie M.
- 4 What’s NEW
- 4 Upcoming Events
 - Treating Moms Well
 - 5th Annual Golf Outing
 - Holiday Closures

May is National Maternal Depression Awareness Month



and Illinois Postpartum Mood Disorders Awareness Month.

“At HAS, we understand that when the mental health of a mother is compromised, it affects her *entire* family; when the family system is compromised, the entire *community* is affected.”
 —Jennifer Novak, Manager, PPD at HAS

Manager’s Note—Postpartum Depression



Jennifer Novak

Dear Friends of HAS,

Perinatal Mood & Anxiety Disorders (PMADs) are disorders that afflict women during the timeframe from conception through the first year following the birth of a child. The number of new mothers who experience PMADs in the United States is in the 20 percent range, which means about 1.3 million or **1 out of every 8 mothers in the US will experience a PMAD during the course of at least one of their childbearing/childbirth experiences.** This means that PMAD’s are *by far* the most common complication of childbirth in this country.

In fact, more women will suffer from Postpartum Depression and related illnesses this year than the combined number of new cases for men and women of tuberculosis, leukemia,

multiple sclerosis, Parkinson’s disease, Alzheimer’s disease, and epilepsy. This is not to minimize these other terrible diseases, of course, it is simply meant to illustrate just how prevalent postpartum mood disorders truly are.

Although PMADs are very treatable, **more than 95 percent of women who experience them go undiagnosed and untreated.** At HAS, we understand that when the mental health of a mother is compromised, it affects her *entire* family; when the family system is compromised, the entire *community* is affected. Therefore, it is an integral part of our program’s mission to educate those in our communities to be able to recognize the signs and symptoms associated with PMADs so that they may refer their friends, family members and participants for treatment at the first signs of trouble. Through this process of education and advocacy, we improve the wellness of our families and strengthen our communities as a whole.

We may not be able to eradicate these disorders, but we are dedicated to making sure that they are recognized as legitimate illnesses requiring treatment in order to ensure that no woman is forced to suffer in silence as a result of stigma and ignorance.

Sincerely,

Jennifer Novak
 Manager, The Postpartum Depression Program

HAS STAFF CORNER Congratulations & Accomplishments

Congratulations to **Marco Jacome** on his appointment as an Experienced Fellow by The Chicago Community Trust!

Cecelia Quinn has recieved Internal Review Board approval to begin research interviews for her dissertation at Loyola University.

Congratulations to PPD Case Manager **Marisol Vega** on her admission to the Bachelor’s in Social Work program at St. Augustine College!

Participant Profile: Marie M.

Marie M. spent the first months of her daughter’s life keeping a debilitating secret. From the outside, she appeared to be a confident young wife and mother, going about her busy life with her characteristic energy and organization: Marie’s daughter was born as Marie was completing her Bachelor’s in Social Work with an intensive internship program. Four weeks after the birth, Marie returned to her classes. Two weeks after that, she was back at work full time. “It was quite an experience,” she remembers.

Although Marie seemed to be rising admirably to the demands of work, school, and family, however, she was struggling. “I was completely overwhelmed,” she says. “A new baby changes your whole life, your whole system. I wasn’t dealing with it.” In fact, Marie often felt nearly paralyzed by inexplicable feelings of fear and guilt, and found it increasingly difficult to complete even simple tasks. Worst of all were the horrifying—and baffling—thoughts of harming her baby: “I was too afraid to do normal chores,” she recalls. “I couldn’t cut vegetables, because I was afraid I would cut the baby. I couldn’t bake, because I was honestly afraid I would put the baby in the oven. I was so scared for both of us.” Marie emphasizes that she had no desire to harm her daughter. Nevertheless, she says, “I couldn’t stop thinking that I *might*.”

Even the thought of hurting her child made Marie feel guilty and unworthy—and far too ashamed to tell anyone. “I couldn’t even tell my husband what I was going through,” Marie says. “I just couldn’t tell these thoughts.” Finally, after a terrifying dream in which she came close to injuring her daughter, Marie realized that she could no longer keep her secret. When her husband woke that morning, Marie told him everything. “He handled it well,” she remembers. “He just knew we needed to get help.” She accompanied him to a hospital that day, and was admitted. Although she was relieved no longer to be facing her problems alone, however, Marie did not believe that inpatient treatment was right for her. “I didn’t want the medication, and I didn’t want to be hospitalized. I knew I wasn’t getting what I needed.” Still unwell, and very uncertain that she would be able to find appropriate treatment, Marie continued to



Marie M.

attend her courses at Northeastern Illinois University, where one of her professors raised the topic of postpartum depression during class. Intrigued, Marie stayed afterward to talk with her. Their conversation resulted in a referral to the Postpartum Depression Program at HAS.

At HAS, Marie received appropriate medication and participated in group and individual therapy that addressed her anxieties: “I learned not to obsess, not to worry about things I had no control over,” says Marie. The PPD program was able to help her, Marie believes, because it is what she describes as “patient-centered”: “people here really want to help each individual overcome the problems in their lives,” she explains. At the same time, she observes, understanding that her problems were not unique was helpful. Perhaps the greatest benefit to Marie was simply the ability to speak up about her experiences and give up her secrets: “Just being able to express myself, to *be myself*, was so important. I wasn’t judged. I was treated with respect. And every day, I saw progress.”

Marie is now looking forward to a bright future with her family and in her career. She is currently authoring two books—a guide to overcoming depression and a memoir of her experience with PPD—and plans to earn her Master’s in Social Work. According to Marie, however, the best part of her recovery is being there for her daughter. “She depends on me, and now I can meet her needs. I cook for her, play with her, bathe her, everything. We’re bonded!”

“Just being able to express myself, to *be myself*, was so important. I wasn’t judged. I was treated with respect. And every day, I saw progress.”

—Marie M., PPD at HAS



Healthcare Alternative Systems, Inc.
2755 W. Armitage Ave.
Chicago, IL 60647

What's NEW



HAS Interns Leonardo, Evelyn, Natalie, and Megan at Armitage

May 9 Congratulations to our 2012 interns from the Wilbur Wright College CADC program, who are completing their training! The project caps off a five-course clinical training sequence, giving the students their first hands-on practice as counselors. In 2012, HAS also hosted interns from Loyola University, the Adler School, and several other colleges.

Spring, 2012 Thanks to a Reality Illinois grant funded by Illinois Department of Public Health and City of Chicago, the Youth Prevention Program is part of a campaign to prevent youth tobacco use by targeting businesses and designing marketing materials including the poster pictured. Four youth from the Back of the Yards neighborhood—Brendalee Cardenas, Andy Gallegos, Cristina Martinez, and Paula Martinez—are serving as project leaders.



Counselor Erica Lathion, who organized the training

April, 2012 HAS joined Guaranty Bank to provide financial literacy training to men in the Western site's substance abuse treatment program. Five participants have since opened new bank accounts. "This is a huge step in their recovery," states Manager Julia Romero. "They are thinking about long-term goals."

Upcoming Events

Treating Moms Well Luncheon



May 11, 2012

Please join us as we celebrate

Mother's Day and support our

Postpartum Depression Program. Call

(773) 252-3100 ext 242 or go to

www.hascares.org for more information.

HAS Fifth Annual Golf Outing

September, 2012

Prestwick Country Club

601 Prestwick Drive

Frankfort, IL 60423



Please Note that HAS will be closed on **Monday, May 28**, in observation of **Memorial Day**.

For more coming events, please see the event calendar on our website.

About HAS: Healthcare Alternative Systems, Inc. was established in 1974 as Hispano Alcoholism Services, a non-profit created in response to the critical lack of clinical and social services for Hispanic Americans on Chicago's Near Northwest Side. Over the years, HAS has created a continuum of care for substance abuse patients that includes prevention, outpatient, residential, and transitional services. The agency takes a holistic approach to health and recovery and offers a wide variety of programming addressing family and community issues including domestic violence, postpartum depression, and HIV/AIDS. HAS is a CARF-accredited 501 (c) 3 non-profit organization. It continues to be recognized as Chicago's leading provider of bilingual, culturally sensitive behavioral health care services for Hispanics and has expanded to provide quality services for other culturally and racially diverse populations. HAS accepts most major insurance, and all services are available on a sliding scale.