

**Women's engagement with and experience of interventions
for antenatal and postnatal depression**

Emma Michelle McCarthy
Bsc Psychology, honours

Department of Psychology and Linguistics
Macquarie University

Submitted 30th September 2004

TABLE OF CONTENTS

ABSTRACT	v
ACKNOWLEDGEMENTS	vi
CERTIFICATION	vii
CHAPTER 1	1
Introduction	1
<i>Overview</i>	1
<i>Prevalence of postnatal depression</i>	1
<i>The impact of postnatal depression</i>	2
<i>Treatment of postnatal depression</i>	3
<i>Anti-depressant medication</i>	3
<i>Psychosocial interventions</i>	5
<i>Group treatment</i>	5
<i>Individual treatment</i>	7
<i>Home-based(individual)treatment</i>	9
<i>Summary of postnatal treatment</i>	11
<i>Prevention of postnatal depression</i>	11
<i>Preventive treatment for postnatal depression</i>	13
<i>Groups</i>	13
<i>Individual intervention</i>	17
<i>Summary: antenatal intervention</i>	17
<i>Summary: prevention and treatment of PND</i>	18
<i>Treatment acceptability and refusal for PND</i>	19
<i>Summary of treatment acceptability and refusal</i>	22
<i>Rationale for the current study</i>	23
<i>Overview of chapters</i>	25
<i>References</i>	27

CHAPTER 2

STUDY 1	34
Necessary and sufficient? Individual responses to the group experience in the prevention of postnatal depression	34
<i>Summary</i>	34
<i>Introduction</i>	34
<i>Method</i>	42
<i>Participants and procedure</i>	42
<i>Study context: the larger study</i>	42
<i>Participants in the current study</i>	43
<i>The interviews</i>	44
<i>Analysis</i>	45
<i>Results and discussion</i>	46
<i>Conclusions and clinical Implications</i>	59
<i>References</i>	65

CHAPTER 3

STUDY 2	71
Women's acceptance and experience of treatment for postnatal depression	71
<i>Summary</i>	71
<i>Introduction</i>	71
<i>Method</i>	79
<i>Participants</i>	79
<i>Procedure</i>	80
<i>Interviews</i>	80
<i>Analysis</i>	81
<i>Results and discussion</i>	82
<i>Conclusions and clinical implications</i>	102

<i>References</i>	106
CHAPTER 4	112
Final Discussion	112
<i>Clinical implications</i>	122
<i>Methodology</i>	122
<i>Limitations of methodology</i>	124
<i>Future research</i>	125
<i>References</i>	127
APPENDICES	
Appendix A	129
Acceptance and drop-out rates for postnatal depression interventions	129
Appendix B	132
Acceptance and drop-out rates for antenatal preventative treatment trials	132
Appendix C	133
Interview Questions – Study 1	133
Appendix D	135
Interview Questions – Study 2	135

LIST OF TABLES

Chapter 2, Table 1 – sample of interview questions	45
Chapter 3, Table 1 – sample of interview questions	81

ABSTRACT

A review of the relevant literature into prevention and treatment of postnatal depression (PND) reveals low acceptance rates for treatment, relatively high attrition. The following thesis set out to explore the acceptance and experience of treatment for postnatal depression. An investigation into the factors which influence women to accept treatment and maintain engagement was carried out with two separate groups of women in two separate contexts. The study employed qualitative methods in order to gain an in-depth understanding of the relevant issues.

The first study carried out interviews with 15 'at risk' women who had taken part in a 9-week preventive cognitive-behavioural group program in an urban setting. Acceptance of treatment for these women appears to have been influenced by the non-stigmatising nature of the program. Furthermore it appears women found the group experience more beneficial than the program content. It is suggested social contact and support could be the crucial element both in terms of maintaining engagement and in preventing depression.

In the second study 15 women who had received treatment and support from the community mental health service for postnatal depression were interviewed. Findings revealed that many women did not seek help until they reached 'crisis point' and a significant barrier to seeking more timely help was the stigma associated with the inability to cope with motherhood. Talking of their distress and experiences both with health professionals and other mothers is important both in terms of receiving help and aiding recovery. Finally, conclusions and clinical implications drawn from the two studies are discussed which includes suggestions for future health initiatives and interventions.

ACKNOWLEDGMENTS

Firstly, my sincere thanks go to the women who shared their stories and gave their time to participate in this study. Particular thanks to my academic supervisor, Dr Cathy McMahon, who has provided endless guidance and support throughout.

Thanks also to Dr Daphne Hewson who helped with much needed advice on qualitative methods. Many thanks to Professor Marie-Paule Austin who, as primary researcher for the antenatal trial at Royal Women's Hospital, Randwick, enabled the first study to take place.

My appreciation to the Southland District Health Board, New Zealand who supported and gave approval for the second study, and in particular, Verona Cournane, who provided encouragement when it was much needed.

Finally, special thanks go to Yvonne Aulderson and Shelly Acland who recruited women for the two studies. This research was supported by grants from Macquaire University.