# Post-natal Depression Support Group, Portleithen

Mr Russell Brinklow and Team

Evaluation CenPRaD

## Background and context of the evaluation

Post-natal depression has been estimated to affect up to 6,500 women in Scotland each year. Many sufferers require treatment from GP's and a few will also need specialist psychiatric help. It has been suggested that an integrated approach to the management of post-natal depression is required. Such an approach involves the co-ordination of a range of primary care services. In addition several other sources of literature suggest that multi-disciplinary working and the setting up of support groups are beneficial to mothers who are distressed following childbirth

Health Visitors and Community Psychiatric Nurses at a Medical Centre in the north-east of Scotland (which will be referred to as the Pioneer Centre) have identified a local health care need for a more integrated and supportive approach to the care management of post-natal women. The local population of post-natal women is at risk of experiencing social isolation and depression – at an intermediate level of severity – for a number of neighbourhood reasons. The family units are small; many partners work away from home for long periods of time and the new housing schemes have been designed in such a way as to make community activity difficult for women with babies or toddlers.

The nursing team, at the Centre, decided that an educational support group (with fixed, or closed, membership) which was designed to meet on a regular basis for a specified period of time – would provide the optimum form of support. Such a group was set up with the following aims:

1. To provide insight into post-natal depression and its effects on families

2. To provide an opportunity to share experiences with others in similar circumstances.

3. To provide emotional and educational support for mothers referred to the group.

4. To be aware of the needs of the local population with regard to post-natal emotional difficulties.

## Overview of the educational support programme

To date four groups (a total of 26 women) have met and participated in the full programme. The educational and support programme has evolved over the years and now comprises the following nine evening sessions.

1. Introduction to the educational course, support programme and persons.

2. Post Natal depression. Definition: levels of seriousness – and intervention. Explanation of symptoms; duration and prognosis; remedy and treatment.

3. Medication. Anti-depressant drugs: their careful management and efficacy. Their clinical administration and dosage, timing characteristics and misuse.

4. Anxiety. Natural origins and bodily locations. Symptoms and personal stress. Range of reactions. Panic attack: stark fears and self-management.

5. Unstructured session. Group discussions not prefaced by formal class teaching.

6. Sleep. Levels of consciousness. Problems and needs. Physiology: types and stages of sleep. Dreams and bodily activities. Settling techniques and tips.

7. Stress and parenting. Stress as (over–) response by persons and to crises. Basic causes, effects and ramifications. Parental stress: ideals, examples and stress management.

8. Assertiveness: value & worth; constructiveness & personal preferability. Assessment scale & obstacles. Behavioural models: bad (passive or aggressive) & good assertive. Advice on learning strategies and inter- personal skills & rights. How to be confident.

9. Unstructured session. Feedback discussion. Internal evaluation of course. Final closure of support programme.

At the end of this programme the women may continue to obtain support by joining a self help group. This meets monthly and informally – without receiving further class teaching.

This nursing initiative was supported and partially funded from an award made by the Queen's Nursing Institute, Scotland (QNI) to the nurses who lead the group. At the last award, the lead nurse indicated that it was now time to formally evaluate their progress and requested that an outside evaluation should be organised by the QNI. A contract for this evaluation was agreed between the Centre for Nurse Practice Research and Development (CeNPRaD) at The Robert Gordon University Aberdeen

## The literature review

The analysis of pertinent research literature raised some issues for health professionals to consider when they were planning to provide a range of services for women who experience distress/depression following childbirth.

In order to discover what is known, and published, about the key psychological problem and its solution, and to construct an informational base line, the evaluators searched the literature along the following relevant lines:

- Between appropriate professionals – in the research sections of their journals.

- Across the major types of therapeutic response – both in clinical depth and social breadth.

- Along differing degrees of intervention – from relatively ‘pure’ investigations and theorising towards practical work on therapeutic or support programmes.
- By comparing the earliest and most recently gained knowledge – as between original American Journals and latest engaging Conferences in UK at the end of the Millennium.

## The literature categories

Twenty nine research contributions were consulted and categorised as into the following six sets:

- Expert texts on the general nature of problems after childbirth, by nurses, midwives and psychiatrists.
- Contemporary papers given at an International Conference on Women and Health on 12th July 1999.
- Key articles published in Nursing Research during the 1990’s
- Influential articles upon depression, measurement and cognitive therapy.
- Articles dealing with the problems of mental health – especially concerning the state/role of partners of women with post-natal depression.
- Publications which refer to the founding and/or evaluation of programmes for the support of post-natally distressed/depressed women, and their partners.

Within these categories the literature on the topic of post-natal depression falls into groupings, where either the problem is understood as culturally normal or else as psycho-pathological. Consequently the professional responses to the problem are also divided in terms of community support or medicalised treatment. In the context of the current evaluation the approach taken by the health professionals seems to incorporate elements of medicalised treatment with social support.

It has been observed from the literature that there appears to be a gender difference in understanding and analysing this topic. Gender issues are taken seriously by the health professionals and the evaluators involved with this project. The evaluation team is comprised a man and a woman, as is the health professional team which runs the support group. The dual gender perspective is seen as important by each team.

The particular programmatic approaches, which have been advocated in the literature, have rarely been evaluated from professional and lay perspectives. The present team decided that when evaluating an intervention – aiming to support and treat women with post-natal depression – it was important to be open and flexible in order to gain insight into the multiplicity of contributing factors which are inherent in the situation under scrutiny. This small-scale evaluation has provided insights into these two critical

perspectives. In doing so, it has tackled some of the methodological problems associated with this type of evaluation research.

## The evaluation process

This project has evaluated a new nurse-led programme, which was designed to provide support for mothers who had considerable distress following childbirth. Two health professionals a community psychiatric nurse and a health visitor set up a post-natal depression support group: The evaluation was designed to explore the perceived value of such an approach from the perspectives of both the participants (i.e. the women) and the professionals involved.

## Aim

To evaluate the new nurse-led programme for the care of women with post-natal depression from the perspectives of the participants and the professionals involved.

## Objectives

- To identify the value of the support group in providing emotional and educational back up for mothers following childbirth.
- To identify care pathways of mothers who have participated in the support group.
- To elicit professional opinion about the health value of the support group.

To fulfil the aim and the objectives, the project was designed in such a way as to collect data from a range of sources, including:

- Nursing records
- Medical records
- Interviews with support group participants
- Interviews with health professionals.
- Ethics and consent

Application was made to the area Ethics Committee and ethical clearance was obtained.

Information about the project was given to the members of the concurrent support group and also to those women who had previously participated in the Group and now met as a self-help group. Written consent was

obtained from all of the women who agreed to participate in the interviews and who also gave permission for the outside evaluators to examine their medical records. Health professional staff were given an explanation of the project in a Practice Meeting prior to being interviewed about the support programme.

## Designing the evaluation

The support programme was perceived to operate at two principal organisational 'levels': (i) at the formal staff level: of Centre planning, course aims, class organisation and teaching; (ii) at an informal level of group activity: involving interactions, discourses and valued meanings.

The evaluation project explored meanings at the two levels: each distinctly; then in combination. Evidence about the formal curriculum and its educational value was scrutinised by the evaluators. In addition, an internal evaluation by each class, of their course and the learning involved, was obtained by re-analysing systematic assessments of the teaching, which class-members had recorded on forms that the nurses had made fully available to the outside evaluators. These participant assessments proved to be very affirmative in respect of the value of the education.

Evidence at the informal level of activity was much more difficult to collect, analyse and assess. Particular attention was, therefore, paid to this problem. The group interviews were designed so as to ensure the views of distressed mothers were given priority in the evaluation exercise.

## The group interviews

To examine the effects of an ongoing programme, the best criteria were considered to be the distressed mothers' own experiences: their reception of the education and their perceptions about any supportiveness. In order to elicit, and assess, these experiences, the evaluators decided to adopt a quasi-experimental process of investigation. This before-and-after mode of study was designed to discover, before the course, what personal needs and expectation already existed; and then, at the end of the programme, to ascertain group happenings and gains, retrospectively. This diachronic plan entailed interviewing the same 'educational' group - both beforehand and afterwards – in order to obtain their personal meanings and chronological changes of perspective. Evaluation at these key dual stages was considered to be time-sufficient and most strategic.

A different type of singleton design (through a one-off group interview) was taken, as being suitable for the other, self-help group which met on a monthly (instead of a weekly) basis. This separate group was constituted of mothers drawn from of a series of cohorts who had participated in previous programmes, held over past years. The members attending were self-selected. The group was, therefore, open and collectively knowledgeable of the programming.

In each of the group interviews there was a close connection between the researcher's sense of enquiry (and empathy) and the group's own structure of relations, its cultural meanings and commonality. Culturally sensitive interviewing, focussed empathetically with concerns from the Group, was our aim. This approach made it possible for the immediate context of the groups to be included in the analysis, and enabled common meanings inside the situation to be understood.

## Analysing the interview data

In searching the literature on theoretical definitions and practical management of Focus Group data, it is notable, if peculiar that Focus Group responses, which are evocatively hailed as qualitative, are regularly reported on by very quantitative methods. On the contrary we have kept our analysis qualitative for the following reasons:

- To retain the quality of group exchanges
- To ensure consistency in inference.
- To include the context of interaction within the final understanding.

## The professional perspective

Individual interviews were conducted with two other health professionals to obtain opinions on the patients and the programme. In addition eight sets of medical notes were consulted in order to:

- Explore the range and scope of primary care experienced by the women.
- Observe common patterns of health concerns in the peripartum period.

## What the evaluation discovered

From the internal evaluation results it appeared that the educational programme was highly appreciated by the participants. The majority of the women who attended had been referred to the group by their health visitor. The vast majority of women considered the content, duration and frequency of the educational sessions to be just right for them.

## The educational materials

The instructional materials used in the educational sessions were generally authoritative and quite specific. The actual resource materials were mainly clear and punchy. The pedagogic stance started by being catechismic and authoritative. The sessions usually ended, however, by providing advice, in a more health educational style. Overall the disciplinary approach adopted in the curriculum was broadly medical,

especially with reference to treatment, drug management, and physiological problems. The teaching approach was relatively instructional rather than non-directional.

## The view of the health professionals

Perceptions of the programme and the support group by the other health professionals who were interviewed were also found to be positive. In general they saw the support group as beneficial and convenient. It often provided the professionals with another course of action for distressed young mothers who consulted with them.

## The medical records

The women had regular contact with the health visitor. Some were also clients of the community psychiatric nurse. Each had had, on average, 4 personal consultations with the GP in the last year

From the medical records, which were thoroughly consulted, it appears that a high proportion of the women who attended the support programme had experienced a particularly traumatic birth. In addition, a few of the women had experiences, which may have affected their sexual confidence. These few observations clearly require further research and investigation.

## The educational support group

A Group of five women attended the nurse-led programme for mothers with post-natal depression. Weekly meetings were held at the Centre over a two month period. Sessions consisted of prepared informational teaching followed by small group discussions.

The main method for evaluating arrangements, and any benefits, was to interview this group. In the interviews, the mothers spoke about their experiences of support, at the beginning and at the end of the programme. Findings showed that striking differences in confidence, self-insight and the sense of support had taken place during this period and that these gains were attributable to an effective form of co-counselling which took place within the group itself.

Mothers spoke, before the programme of a miserable absence of support by friends, family and their partners – and stressed their hopes of sharing private, personal experiences in order to obtain support. After the programme, their discussions suggested that these 'outside' limitations had changed little but that their own particular support group had transformed their experiences: in personal self-understanding; in feelings of reassurance by sharing with others 'in the same shoes'; and in building up normal confidences again. The counselling type atmosphere of person centred listening, personal acceptance and respect was unanimously said to be comforting and strengthening.

The value of the teaching sessions for the group was questioned. Complete appreciation was expressed for all educational information received and for the nurses' devotion and commitment. Great concordance was evident about the nature of postnatal depression as a middle level problem (between everyday 'baby blues' and deep-functional depression) – and the appropriateness of the programme to their personal needs. The formal teaching and staff organisation together with their own informal group activities were both viewed as providing the necessary support for recovery.

Deficiencies in social support outside of the group had apparently worsened the vulnerability of the mothers. In the constructive, heartening context of the group and programme, however, the personal resolution and cultural support of members were clearly fostered, activated and helped one another to be quite determined. The supportive strengths of the strategic primary group of the mothers themselves, in promoting recovery, were impressive.

## The self-help group

A small group of women had participated in 3 previous nurse-led programmes of combined teaching and discussion – and now wanted to continue meeting –but on a monthly, and informal, basis. No further educational information or instruction was received – but the small group discussions continued at the Centre – usually without any member of staff being present.

The attending members were all approached for permission to share a focussed evaluation interview and also to permit access to their medical records. After consent was granted, they discussed key experiences of support: particularly their own personal problems and the value of the Centre's nurse-led programme provision. Responses were wholeheartedly affirmative of the programme as their continuing attendance indicated. General emphasis was given to the importance of inter-personal sharing with others who had the same depressive experiences.

Interest in self-awareness, support-development and providing empathic listening was shown. Considerable skills in personal divulgence and building self-critical detachment were evident. One key feature of interaction lay in the culture of sharing through concerned dialogue, which strove to be interesting and humorous – as well as supportive with active dialectic exchanges – which expressed personal knowledge and experiences in a vivid, cathartic and consensual form.

The group had chosen to 'go informal' and could badinage with the nurses openly and personally. However, it gave forthright appreciation of their help in promoting recovery and sustaining the group's continuance. The members records suggested that their personal problems, in connection with motherhood, had been complex and persistent. The professional perspective on informal support was wise in encouraging this further stage of recovery towards normal independence.

## Conclusion and recommendations

As a support model for this intermediate type of psychological problem, the programme was well planned and delivered. Further action along similar lines is recommended.

During the course of the nine sessions the Group's ability to understand its experiences, and to provide support for members, had clearly increased. There is not, at present, a graduated progression in the formal curriculum – to reflect the growth in Group confidence and self-directiveness which is such a heartening and welcome feature of the support programme. More planned 'parallelism' in the linked structure should facilitate this 'recovery' growth. We recommend that the team review their teaching styles and resource materials to develop further a client-centred and non-directive nursing approach, to encourage co-counselling.

The intense personal links and practical connections which many of the women have already made is so highly valued that further work on a constructive focus – towards a more counselling-type learning approach – would be a most beneficial gain, and one which is wholly consistent with the basic patient-orientation evident in the wider support programme. This change in emphasis is recommended for introduction and evaluation.

The nurses who lead the programme may benefit from participating in a planned educational programme, which facilitates their own professional and personal development in order that they may adopt a more androgogic and co-counselling approach to promoting health.

The primary health care team develops their approach across the Local Health Care Co-operative and deploys resources to effectively manage the programme and support group.

Appropriate members of the self-help group are formally co-opted to provide support for new mothers.

Further research is carried out which explores gender issues in understanding the problem of post-natal depression.

Further research is carried out which examines patterns of social support and self-definitions for women who experience distress following childbirth.

Further research is carried out to determine if there is any connection between traumatic birth experiences and post-natal depression.