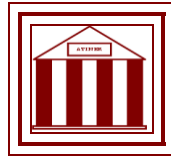


**Athens Institute for Education and Research
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**ATINER's Conference Paper Series
PUH2015-1557**

**Peer Support for Mothers with
Postnatal Depression**

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Peer Support for Mothers with Postnatal Depression

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Abstract

As the number of mothers suffering from postnatal depression (PND) continues to rise at an alarming rate it was decided to explore methods of trying to support new mothers diagnosed as "at risk" of PND. Recent NICE guidelines (2015) have highlighted the need for the utilisation of psychosocial support – as opposed to the, often first hand, use of antidepressant medication.

One of the main reasons for PND has been a distinct lack of social interaction and isolation (Dennis 2009). Could, therefore, disclosing to a fellow mother – who has previously shared a similar journey – may help to assist in the recovery from this debilitating illness?

A small number of peer support workers (PSW's) were recruited to offer one to one home visits within the postnatal period to a mother considered to be at elevated risk of PND – as diagnosed by the Edinburgh Postnatal Depression Scale (EPDS). The PSW's visited the mother within their own homes from week six postnatally for a period of six weeks.

Results were recorded both quantitatively and qualitatively by the recording of the EPDS scores, log book entries and one to one interviews. These were transcribed, coded and categorised.

Results collated display that the PSW's did indeed have a positive effect upon the mother's mental health, outlook and indeed, their relationship with their baby.

Postnatal Depression

Postnatal depression (PND) is a problem worldwide and a key public health issue (Morrell et al. 2009). It is estimated that approximately 20% of women suffer depression during the initial postnatal year but there are problems in diagnosis because its clinical presentation and assessment can be both difficult and complex. The incidence of postnatal depression continues to increase resulting in serious consequences for both mother, her child and indeed the extended family. There is a risk of suicide (the leading cause of maternal death in England and Wales) and infanticide in some severely depressed mothers.

Treatment programmes vary considerably but many studies are suggesting that psychological interventions can be as equally, if not more, effective in the management of depression when compared to the routine care from a general practitioner - and may be more cost effective. The incidence of PND is high and the treatment programmes available, which will be discussed within the study, vary greatly. Research suggests that although the causes of PND are multifactorial, many studies have consistently highlighted the great importance of psychosocial support (O'Hara et al. 1991, Cooper and Murray 1998, Beck 1995). As observed by Dennis (2009), previous studies clearly show a significant increase in the risk of PND in mothers who do not have someone with whom they can talk openly with (Brugha et al. 2002, Paykel et al. 1999, O'Hara et al. 1991). Small et al. (1997) concludes that mothers become depressed because of a "distinct lack of support" and "social isolation". Within Smalls' study, when participants were asked what advice they would give to new mothers with PND, the most common suggestion was simply "find someone to talk to". Cox et al. (1987) found that the Edinburgh Postnatal Depression Scale scores were significantly reduced with maternal perceptions of support from other women with similar age children. Well-controlled research trials have revealed that post-natal depression responds to treatment in the short term, (Appleby et al. 1997, O'Hara et al. 2000), with treatment roughly doubling the spontaneous recovery rate. However, it is unclear whether this short-term effect is maintained and it is also not clear whether different forms of psychological intervention might have different impacts. There have been a number of studies using a variety of psychological and psychosocial interventions (Abramowitz et al. 2003, Arizmendi and Alfonso 1984, Cooper and Murray 1998, Dennis 2005, Stuart and O'Hara 1995) and indeed, several of these studies have found that psychotherapeutic interventions for the treatment of PND are highly acceptable. However, despite an exhaustive literature search, there did not appear to have been any studies focusing upon a one to one peer support network for mothers at risk of PND. Dennis (2009) studied the effectiveness of telephone based peer support in the prevention of PND but this did not incorporate any face to face meeting.

Method

The aim of this exploratory pilot study is to identify whether the support, on a one to one basis, from a Peer Support Worker (PSW) would assist in the reduction of PND in new mothers. Eight PSW's were recruited. Each PSW had previously suffered from mild to moderate postnatal depression but had recovered and were not currently receiving any form of psychological support or taking any medication. They were employed, on a six month contract, by the local NHS trust. References and enhanced criminal records clearance were obtained. A confidentiality statement was also signed by the PSW.

Thirty mothers were recruited by their own Health Visitor. This was carried out using the Edinburgh Postnatal Depression Scoring documentation (EPDS) alongside a clinical assessment. The cut off score, as agreed by both the lead researcher and the Health Visitors involved in the study, was 11. Fully informed consent was obtained and participant information sheets given. The mothers were allocated into either a Control group or an Intervention group using number alternating.

The PSW's received formal training about child protection procedures/safeguarding children in addition to the relevance and importance of confidentiality. However, apart from this, a structured training programme was not adhered to. The PSW's strongly felt, as a combined group, that they wanted to provide the intervention simply as a "fellow mum who had survived the rollercoaster journey of PND". Each PSW wanted to identify the nature of the problem, find a possible solution, and design their own proposed "support package" – from the outset of the study.

The PSW visited the mother in their home environment, or a location of their choice, for a period of six weeks on a once weekly basis (intervention group). This was then compared to a number of mothers who received support from their family Health Visitor (HV) alone (control group). Data collected was both qualitative and quantitative. The PSW's and the mothers from both the control group and the intervention group were asked to maintain a log book reflecting upon their feelings and thoughts after each visit (either from their PSW or their HV). Individual and group supervisory sessions were also offered by the lead researcher to both the mothers within the intervention group, and the control group, in addition to the PSW's. A number of the participants were interviewed on a one to one basis when their infant was six months old. Data from the interviews was subsequently transcribed, coded and categorised, and key themes identified.

Quantitative data was collated in the form of an Edinburgh Postnatal Depression Score (EPDS) – an assessment tool which is routinely used to identify mothers at risk or suffering from postnatal depression. The EPDS score was recorded prior to the support commencing by either a PSW or the Health Visitor, after completion of all six visits, and when the infant was six months old.

Analysis

The EPDS scores recorded at 6 weeks, 12 weeks, and again when the infant was six months old, were analysed and summarised using graphs and charts. Non parametric analysis using Friedman's Anova and the Wilcoxon paired test was carried out. A Mann Whitney test, Kolmogorov-Smirnov test and a Shapiro-Wilk test were also performed.

A constant comparative method was used as a means of analysing the qualitative data collected from both log books and interview transcript (Denscombe 2008). The lead researcher consistently read and re-read text data, compared new codes and categories as they emerged and repeatedly compared them against existing versions. This process enabled the researcher to refine and improve the explanatory power of the concepts and theories generated from the data. Similarities and differences were highlighted and categories and codes were identified. On completion of this analysis, all participants were contacted to ensure validity of the findings and that each participant agreed with the researchers interpretation of the data collected.

Results

Qualitative and quantitative findings from this study suggest that the input from a PSW does assist in the reduction of PND in new mothers. This is demonstrated in both the analysis of the quantitative data and the qualitative.

The EPDS scores demonstrated little difference between the participants at 6 weeks but the statistics started to diverge at 12 weeks – the mean at 12 weeks for the control group is recorded at 12.46 and the intervention group is 10.33 – a difference of 2.13. The EPDS at six months demonstrates a difference between the two scores as 2.67 (the control group mean recording is 11.60 compared with the intervention mean which is 8.93).

The key themes identified were the immeasurable value of "social support" and "shared experiences". The resounding factor that appears repeatedly throughout the analysis of data is the fact that the mothers could "truly relate to their Worker". Their PSW gave them "hope", made them feel as if they were "not a failure" and gave them an overwhelming "sense of normality". This, in turn, increased their self-esteem, their positivity towards their parenting role, and their ability to therefore be "a good mother". A major strength of the work was the involvement of the PSW's in both the planning and the implementing of the intervention. It was their design, their creation, and their feelings about what may really help their mother.

A number of other themes were also identified that were, interestingly, commonalities across the entire data set (participants and PSW's). These included recognition of their own changing perspective – a realisation that there simply is no "quick fix" solution, that both time and support are required. The PSW's described feelings of "personal benefit", "self-awareness" and the "provision of closure" for themselves. The intervention group also talked, at

length, about their "personal benefit" from the PSW, and their own self-awareness about how they truly felt, their emotions and, in some instances, why they felt this way. The control group recognised the huge advantage from talking to other mothers and, although they did not have the formal support sessions from a PSW, they embraced the opportunity of sharing their thoughts and feelings with "fellow mums". Each participant, and PSW, discussed the sharing of experiences, empathy, the feeling of "release" and, particularly on the mothers' part, the importance of knowing that, actually, they are not "alone".

Conclusion

The aim of this study was to provide early intervention to mothers who were classed as "at risk" of suffering from PND, and, indeed, the support from the PSW's did appear to have a positive impact upon the mothers' mental health and wellbeing. However, this was a small scale, pilot study over a relatively short period of time. Larger, more longitudinal studies are certainly required. The importance of the pilot study presented here lies in its usefulness in shaping research to investigate and explore further whether there are indeed beneficial factors to post-natally depressed mothers who receive one to one support from a PSW. The positive results from this study can, potentially, have a huge impact within practice and, most importantly, upon the lives of those affected by postnatal depression.

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