Improving Outcomes For Infants Whose Mothers Have Postnatal Depression And Anxiety.

Dr Yvonne Parry, Mr Craig Bradbrook, and Assoc Prof Julian Grant

Faculty of Medicine, Nursing & Health Sciences,
School of Nursing & Midwifery,
Flinders University
As is the practice of Flinders University we begin by acknowledging the Indigenous peoples of our country. In particular we acknowledge the traditional owners of the lands and waters of the region on which we work and research.

We would like to acknowledge their land and express our respect for the custodians’ spiritual relationship with their country. We also recognise that cultural and heritage beliefs are important to the living Aboriginal peoples of Australia today.
Communities for Children
Background – Postnatal depression in Australia

- Economic impact
- Early intervention
- Impact of postnatal depression on infants and children
The impact of postnatal depression on children

Premature birth

Poor weight gain

- \(\uparrow\) admission to NICU
- \(\uparrow\) prolonged irritability
- \(\uparrow\) incidents of withdrawal

Developmental delay and cognitive function

- Toxic stress
- Accumulative stress
- \(\downarrow\) academic achievement
Theoretical basis
Background – This program

This program consists of:
• Initial mental health assessment
• Home visiting
• Therapeutic group work activities that:
  • Directly address anxiety and depression
  • Attachment behaviours
• Intensive supportive playgroup
  • Modeling of appropriate infant/child engagement behaviours for parents
  • Strategies for managing infant/child behaviour at home
• One-on-one play group & crèche staff service for parents who attend distressed or under pressure at home
• Strengths based
Program outline – how do they do it?
Significance of this research
Aim and objectives
The research evaluated the relationship based programs that were delivered to at risk children in Western Adelaide region (2014-2015).
Approach to research
This mixed methods research project was undertaken in two stages.
Quantitative stages
Qualitative stages

Interview questions
Questions asked were open ended and simple in structure to elicit the participant’s in-depth responses and to obtain responses unconnected with the researchers experience or bias. The interview and focus groups covered several characteristics highlighted by the quantitative evaluation:
• The type of program;
• The usefulness of the program;
• The impact of the program[s] on other aspects of the participants lives (e.g. the SDH);
• Implications for changes;
• Impact on health (mental and physical);
The above considerations were used as a guide for the design of the questions. The initial data collection took place in the westerns region of metropolitan Adelaide South Australia.
## Results

**Table 1: the type of participants and method of data collection used**

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Numbers</th>
<th>Basis for Recruitment</th>
<th>Component of Research Involved In (e.g. survey, interview, focus group, observations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (managers and staff)</td>
<td>4</td>
<td>Responsible for delivery of the CfC programs</td>
<td>Face-to-face interviews and observational information (on behavioural changes in mothers and children)</td>
</tr>
<tr>
<td>Mothers</td>
<td>25</td>
<td>Participation in CfC program</td>
<td>Short surveys (pre and post Edinburgh Postnatal Depression Scale (EPDS) and Maternal Postnatal Attachment Scale and the Anxiety Scales). Focus group</td>
</tr>
</tbody>
</table>
Results

Correlational regression analysis

• Between attending the program and improvement of depressive symptoms (223)
  • $+ r = 0.582$ (strong positive)
  • Significant $p< 0.01$
  • $R^2 = 0.339$ variance 33%.

• Between attending and anxiety symptoms (179)
  • $+ r = 0.536$ (strong positive)
  • Significant $p< 0.001$
  • $R^2 = 0.339$ variance 33%

• Standard Deviations
  • Pre-program score $\bar{x} = 16.10$
  • Post program score $\bar{x} = 10.95$
  • Two SD points

• Attachment score and attending
  • $+ r = 0.536$ (strong positive)
  • Significance $p<0.001$
  • $R^2 = 0.338$ variance 33%

• Summary
The groups and programs are excellent... they teach you how to bond with your baby ... and how to manage your depression ... help with loads of community support... it’s made heaps of difference... the circle of security stuff is really important for children (P3).

I bring my son and daughter too ... the playgroup gives them activities they enjoy and they’re learning stuff... it’s good for them to interact with other children... with no extended family here children need to interact with other children its important (P10).

The crèche is absolutely fantastic for all of us... it’s the best thing they have here and it’s so beneficial for us to know your kids are cared for so well... with the same staff each week... it’s important for the kids and us (P2).

The groups have given me the confidence to reach out and join other groups and return to study and work (P7).

I was in a bad way but coming here, the other mums, the staff, the crèche workers have all helped ... if it wasn’t for them ... it’s too frightening to think where I would be (P4).

They help me connect with my baby. I was barely functioning before I didn’t want to get up in the morning. Without this group I dread to think where I would be, I have learnt so much, you know, about caring for baby and me (P6).

You know coming here, you won’t be judged, and there are people here who have issues like you do, so you can talk about it, and someone can say hey, I’m feeling like this, and they totally get it. And that includes the workers. I found the facilitators and the child care workers so approachable, they’re interested in you and your kids, they love their job and it shows. It feels like a community (P12).
The program focuses on the mother’s mental health and attachment theory ... the focus is on the relationship with the child ... mother’s journaling ... and the professional staffed crèche. That’s why it works ... we work through the theories over the weeks and provide the mothers with strategies that work (S1).

Results

Participants (Staff):

We have women... after attending the program they are better ... more confident and return to do further study and get a better job or return to work... they couldn’t do that without the program (S2).

We feel it’s cost effective... we have 8-10 women per group and their children... its 2 hours in the group and 1 hour set up time and 1 hour debriefing... To provide that kind of support individually would be over 80 hours per week per staff member (S1).

The cost of untreated perinatal depression are just immense... there’s an overwhelming amount of research on the detrimental effects of untreated perinatal depression and anxiety on the mothers, fathers, and children...going on to late adolescents and adulthood and then the trans-generational effects... are enormous and costly to the community and society. This program helps, it saves money in the long term as all these problems caused by depression and anxiety can be addressed early on (S2).
I mean there are just no viable alternative services for these women. The mental health plan and individual sessions would not meet these women or their children’s needs. You need specialist trained staff [maternal mental health] in this area… with established links in the community … this program has that… we are dealing with directly improving health outcomes for the mums, family and children (S3).

We have the program and the staff and we have CaFHNs here too so you know everyone is looking out for you and the baby... we have it all here ... its better ... and if you’re having a bad day, the staff notice, and they take you aside, and talk to you one-on-one, and it’s a great help. That doesn’t happen in other places like the hospital, or GP, they might be good but they just don’t get it (P4).
Conclusion

The Communities for Children WPSG program illustrates the success of a whole community approach to a mental health problem. The use of this theoretically based prevention and intervention program along with the structured educational and developmentally based playgroup and crèche provides the broader family supported needed to address complex mental health problems such as perinatal and postnatal depression.


Department for Education and UK, A child-centred system The Government’s response to the Munro review of child protection, Department for Education, Editor. 2011, Department for Education; London, UK.


