

**‘POST NATAL DEPRESSION
IN THE URBAN GROWTH CORRIDOR**



BETTER TARGETING OUR RESPONSES’

POST NATAL DEPRESSION IN THE URBAN GROWTH CORRIDOR – BETTER TARGETING OUR RESPONSES

RESEARCH REPORT, JUNE 2003

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INTRODUCTION

This joint project was an initiative of the Cardinia Shire Council and City of Casey, and fully funded by the State Government - Department of Human Services, Public Health Division, as part of the State's *Municipal Public Health - Good Practice Program*.

The research has three main aims

1. To record the experiences and opinions of women, who themselves have suffered from depression following the birth of their children, and who are living in the South-Eastern urban growth corridor.
2. To identify interventions or responses, which are seen by the women themselves, as the most appropriate responses for themselves, their families and other families living with impacts of post natal depression.
3. To serve as the basis for action and advocacy on addressing the needs of families with young children particularly in regard to preventing or minimizing the impacts of post natal depression for individuals and families.

Methodology

The research was conducted through focus groups of between two-four women, rather than by interviews of individuals.

The project utilized the definition of post natal depression from PaNDa (Post and Ante Natal Depression Association)

Post Natal Depression is a major depression that occurs after the birth of a baby and may disrupt your ability to carry on day to day functions – the severity and number of symptoms varies between women.

A pilot focus group was run in December 2002, involving three (3) women. Subsequently, ten (10) focus groups were held between April and June, 2003. Each group included two-four (2-4) women, with a total of twenty nine (29) participants; therefore there were thirty-two (32) women who participated in this research.

An information sheet was given to each participants as well as questions being asked during the interview (see Appendix B & E). At the end of each focus group the participants were asked to complete a confidential questionnaire (Appendix F), which enabled the development of a profile of the participants (Appendix A)

Recruitment of participants

The project utilized two methods of recruitment;

1. Indirect contact via posters; and
2. Direct contact via healthcare professionals.

The posters were designed by the project team with input from the reference group and then put up in community areas over the urban growth corridor. Some examples are doctor's surgeries, community health centre's, neighbourhood houses and Maternal and Child Health centres. PaNDa was also approached and subsequently a notice was placed on their on-line noticeboard for participants.

A total of forty-seven mothers were recruited; 70% or thirty-three (33) referrals, by Maternal & Child Health workers; 21% or ten (10) referrals, by a Post Natal Depression Support Group facilitator; and 9% or four (4) referrals, by self referral. Of those, 67% or thirty-one (31) actually participated, with the remaining 33% or fifteen (15) referrals either unable to attend, not contactable, or a 'no show' to the session they were booked into.

Please note: we acknowledge that the project relied heavily upon the Maternal & Child Health workers for recruitment of participants and that this recruitment strategy may have lead to an inherent bias in the research findings.

EXECUTIVE SUMMARY

This research revealed there is no standard picture of someone suffering from Post Natal Depression (PND). As there is no one picture for sufferers, there is also no one solution or best response. Flexibility and offering a range of responses appears to be the key to better targeting of resources for this complex issue.

Forty-one (41) women participated in this research, of which 97% reside in the designated southeastern growth corridor of Melbourne. 90% scored themselves as having moderate – to severe depression.

The research revealed a serious lack of awareness about PND, amongst the whole community, including health professionals. The level of awareness about PND, appears to be a key factor in determining whether individual women seek help at all and the level of awareness in their immediate environment often determined the level of acceptance and assistance offered to them in the short term. Apparent through this research was the concept that the health of the baby is closely linked to the wellbeing of the mother. Public policy and community members must remember this.

The Key recommendations of the women are summarised as:

1. **Increasing resources for the Maternal & Child Health Program;** Local M&CH nurses were seen by the women as their first point of contact.
2. **Resources for more personal and practical in-home support;**
3. **Strategies to increase public awareness of PND;** Particularly by pregnant women and their partners. An increase in awareness of PND by the general community, including support services available may contribute to reducing the stigma and pressure on those women (and families) needing help.
4. **Additional components added to Antenatal Classes;**
5. **Universal assessments for PND;** For example, at the six week medical check.
6. **More facilitated PND support groups;**
7. **More accessible parenting training/groups;**
8. **Local children's services;**
9. **Welcoming local meeting places.**

Support for women with PND needs to be highly visible and forthcoming. Having to seek out help for themselves, proved one of the most difficult things the women had to do.

At each workshop, participants confirmed the value in talking with other women who have experienced PND, knowing they were not alone and sharing their experiences. The mutual understanding between the women of what was being discussed was obvious.

In many instances the participants in groups asked each other if they wanted to share contact details and meet again. Creating opportunities for social connections between these women was an unintended consequence of the research, and one which reinforced the choice of project methodology – the use of focus groups rather than individual interviews.

THE RESEARCH FINDINGS

1 PERSONAL EXPERIENCES OF THE WOMEN

1.1 RECOGNISING SYMPTOMS & SEEKING HELP.

The diversity in the profile of the women involved in the focus groups illustrated the wide nature of PND and its potential to affect a range of women.

Participants included:

- Women who had depression in the past, who believed the birth of the baby triggered it again,
- Women with unsettled babies, who felt the lack of sleep and lack of control was a contributing factor.
- Women who had ‘difficult’ babies eg: with intolerances or allergies
- Women who had ‘good babies’, *”she’s been sleeping right through the night for five or six months, she sleeps through the night now, she has not given me any trouble, so it’s definitely not [from] her, where I get my depression.”*
- Women who have experienced an extremely difficult pregnancy, labour, birth or period immediately following the birth.
- Women who had PND with their first, second and third child.
- Women who suffered with their first child,
- Women, who did not suffer with their first child, however did suffer with a subsequent child.

...I have three young children; I’ve suffered three times and all three times were different ...

...I’ve had ante natal [treatment with my] second and third child, and have been more on the ball about recognising the signs and the symptoms, that’s why I’ve had treatment ante nately and I’ve realised there is not a lot of support out this way...

Some participants recognised something was wrong prior to leaving the hospital; others took weeks or months to determine the problem. Some spoke of depression during pregnancy or periods of depression in their past. However, for the majority of the participants recognising the symptoms of PND proved to be difficult. They expressed the feeling that something was just not quite right but didn’t know what, or thought it to be just what happens after the birth of a baby.

...I wasn’t aware that it might have been post natal then, I just knew something was not right...

...I knew there was something wrong, I had a feeling there was something wrong before I left hospital. But I had a very traumatic birth. I was very ill after it. So I wasn’t aware that it might have been post-natal then, I just knew I wasn’t feeling right...

Many said that they thought the feelings were just ‘normal’ after a birth and that since being diagnosed they felt better just knowing that there is a medical condition –‘PND’.

The lack of awareness of PND and its symptoms was cited as contributing to the length of time taken to seek help, as many women were unaware that they were experiencing PND.

The definition of PND from PaNDa (Post & Antenatal Depression Association Inc) was a key talking point with participants, many saying they couldn't have described the symptoms they had suffered but when reading them, could easily tick them off. (7)

...I had no idea, I just thought all of these feelings were normal, but I've just about all of those [symptoms], bar about two; and I just thought they were all normal feelings that happen when you have a baby...

These symptoms of PND were discussed during the groups. In particular 'the loss of confidence' was discussed and related primarily to their own parenting skills. They reported doubts about their own decisions and extraordinary confusion when confronted with a variety of options or possible decisions. For example: after learning (at sleep clinic) that it is okay for the baby to cry for a short period before they go to sleep, to have that approach questioned or criticized at a mother's group, was *"very confronting when experiencing low confidence"*.

Many participants expressed a belief that there are high expectations on 'new mothers': *"[Y]ou have a new baby and you should know how to look after it and you should be happy and the world will feel wonderful"*. They expressed a belief that the community in general expects that mothering will come naturally, but many felt that in fact, it did not.

Feelings of frustration and a lack of control were also described, especially in regard to management of an unsettled or difficult baby. Several participants described themselves as 'a copier' – *"I can cope with anything"* was mentioned several times. This then translated into problems when seeking help. It was viewed that *"if you have always coped in the past, you are less likely to seek help"*. This also related to feelings of pride and confidence as many found they were too proud to tell some one they were having difficulties.

...It's a pride thing, I have too much pride to go to the doctors and say this is how I'm feeling...

In many cases, the participants expressed high expectations of themselves. For example those who had dealings with children in a professional sense prior to the birth of their own child, felt they should have known exactly *"how it all goes"* and that they should have been better able to deal with being a new parent.

A number of groups discussed that more realistic information should be given to new mothers prior to the birth. See 3.3.8 Pregnancy care.

The participants also discussed what they referred to as 'putting on a mask' for others because they didn't want to appear not to be coping. This often meant that many people were unaware of the symptoms or problems that they were experiencing; which in turn affected the time it took to get help.

Most of the participants agreed that the most difficult thing was admitting to themselves that something was wrong. Whilst they recognised that they were unwell or not coping, many felt getting up the courage to seek help was difficult.

... It took me a while to actually get up the courage to call...

The general attitude by the participants was that once they had decided to seek help, they then had whole new battle in actually gaining it. The range of services used to get help and suggestions for help are included in the various sections in this report.

1.2 AWARENESS OF POST NATAL DEPRESSION

In general most mothers had heard of post natal depression (PND), but knew very little about it. They were no different to the general community, in that it is not widely recognised.

The 3rd day “baby blues” were mentioned in hospital, but PND was not.

The frustration many participants experienced at having their feelings dismissed as ‘baby blues’ was over-whelming, particularly as many felt it was a lot more serious than that. This initial dismissal also meant that they were less likely to seek help again – at the early stage.

...education straight afterwards and instead of ... nurses just saying in hospital that I've baby blues, maybe I would have spoken about it much earlier...

The participants often thought the symptoms were just part of being a first time mum eg: tired, emotional.

...Well, in the beginning it was the same thing: lack of sleep, I had a new baby, I had trouble breastfeeding. It wasn't my plan of how I was going to be a mum. It did not measure up to my expectations. I think that's where it all started...

Whilst having heard of PND, these women had not been aware of the range of symptoms or the range in degree of severity of the symptoms experienced – they had really only heard of extreme cases.

...I thought Post Natal Depression was... 'you want to kill your child; you cannot get up to have a shower... and I thought those things did not apply to me.

The lack of awareness of the range of symptoms of PND is cited to have been a key barrier to these women seeking out help at the early stages of their condition. This problem was exacerbated by the lack of awareness amongst health professionals who dealt with these participants. See section 3.3.1: Health Professionals.

1.3 PREVIOUS DEPRESSION

At 36% of the focus groups, participants discussed previous depression and felt that the birth may have triggered their depression again. These participants were therefore more aware of the symptoms and sought external help early. Prior experience was not in all cases helpful to the participants neither in dealing with PND, nor in assisting them to seek help early.

Some women were almost resigned to the fact that it had happened before; it was going to happen again. *“I think most of us think if it has happened before it is going to happen again”*

Many of the women who had experienced depression in the past were better prepared to deal with it after the birth. They had their own way of dealing with it and were able to identify what had and had not help in the past.

...I think my fear is I don't really want to go through the whole story again, I don't want to bring it up again, so what can I do to not do that...

It was mentioned that information should also be collected on past mental health, because that prior to the birth, whilst information is collected regarding family physical health history, a mother's mental health history is not considered. Knowledge of this history could potentially assist healthcare professionals in identify possible risk factors to PND prior, during or after pregnancy.

1.4 ISSUES WITH BREASTFEEDING

The enormous pressure to breastfeed was raised at 55% of groups. The participants discussed this and agreed that whilst breastfeeding was good for the child, it was not worth pursuing at the expense of the health (physical or mental) of the mother.

The participants agreed that breastfeeding did not 'come naturally' to them and there needs to be increased sympathy whilst in hospital. They also recommended that nurses have a more consistent approach to advice particularly on breastfeeding, so that when a mother asks for help, she receives a consistent message. Each nurse had a different idea or approach, which is not supportive when experiencing problems.

...No- one said to me breastfeeding is the hardest thing in the world...

It was also agreed that there is a perception that 'you can only be a good mum if you breastfeed'. Whilst most of the participants wanted to breastfeed, for a variety of reasons, some were not successful or experienced problems. They suggested that information on alternatives be provided a lot earlier.

A common scenario, discussed by several mothers, was that if they weren't producing any milk, their child could be starving, yet they were still being pushed to breastfeed. This resulted in problems with their child settling or inconsistent sleeping patterns. Many reported that once placed on formula their children were more settled.

The pressure to be a good mum, they often reported, is enormous. The added pressure of breastfeeding they said did not help with many saying "*...If you can't [breastfeed] it can be very soul destroying.*"

...I mean its fine if [breastfeeding] works, but they don't say to you 'Well if it's not working, you can get a can of this and make up some formula...' and you just don't know that at all, the first time...

Another aspect discussed was persevering with breastfeeding their child, to the detriment of their own health. With participants reporting a prevailing pressure regarding their baby's nutrition was more important than their own health. They considered their right to health as equally

important, identify that a mother cannot look after her own children to the best of her ability if her health is at risk.

...It's stupid. I think it is very destroying, personally... if you had depression before... and I know that I wasn't dealing with these cracked bleeding nipples and my child was burping or vomiting blood coming out of her mouth. I think that made it worse – it was pink!...

A more holistic approach was deemed required when considering the feeding of young children. Whilst the participants recognised breastfeeding is best, the participants wanted increased awareness of alternatives, prior to the birth and particularly whilst in hospital.

1.5 EXTERNAL FACTORS

At 36% of the focus groups, participants detailed other events that were occurring in their lives at and around the time of their pregnancy and birth of their child. As with a number of other issues, they felt that these issues did not cause the PND, however, they discussed that they may have been able to better cope with being a new parent, if they didn't have to deal with these external issues.

- Death of a close family member,
- Serious illness of a family member,
- Relationship issues (prior to baby and/or unrelated to baby).

The participants felt that extra care should be taken of mothers who are going through other serious issues. However, they also emphasized that care needs to be taken to ensure that such external issues do not become an excuse for symptoms without further investigation.

1.6 RETURNING TO PAID WORK

At 27% of focus groups, the participants discussed the impact of returning to work and its effect on their PND.

Two scenarios were discussed; in the first, it was the financial and associated pressures and the problems that being back at work then caused. The second scenario was going back to work as an escape from the pressures of PND. In this case work was viewed as one place where the participants felt more in control or they were in a more comfortable zone where they were felt like an individual person with an identity extending beyond being a mother.

...I love it. I think it has done wonders, and I don't know if it's the anti-depressants or the counselling or the fact that I am actually getting out of the house more now, but I found that I am a lot more confident. I'm a lot more happy...

...I suppose that's why I went back to work, when she was three months, I ran away from the issue. I thought working actually helped the situation, because I go to speak to other mothers, But then it was causing other situations eg: childcare...

Returning to work was a very individual issue and there were no suggestions from the participants on how it may affect women experiencing PND more generally.

1.7 BARRIERS TO GETTING HELP

There were a range of barriers identified by the participants to getting help.

In summary they were:

- Access to support groups specifically for post natal depression:
 - Long waiting list for local groups,
 - Long distance to travel, eg: Melbourne.
- Counselling:
 - High cost for private counselling,
 - Long waiting list for public counselling,
 - Male psychologists/counsellors – preferred to talk to a female psychologist/counsellor.
- Lack of awareness of PND – by new mothers, community & health professionals.
- Pressure applied regarding breastfeeding (M&CH nurses)
- Lack of awareness of specialist and support services available
- Early release from hospital: *“You get sent home from hospital, often before you can even shower yourself and you’re supposed to care for a baby and you can’t even look after yourself”*
- Access to quality childcare
- Feelings of isolation
- Loss of confidence
- Inability to leave the house
- Having to search persistently for everything you need

2 COMMUNITY ATTITUDES

At all focus groups the participants expressed the view there is a stigma that within the general community, attached to any kind of mental illness and in the case of post natal depression (PND) it seems to be even worse.

There are two aspects of community attitudes that the women felt impacted on their experience of PND. The first regards the lack of knowledge about PND and associated stigmas. The second is a prevailing community attitude that motherhood comes naturally and easily to women – fuelling high expectations on new mums to cope. The participants discussed their feelings about the pressure that ‘they should have just known what to do’.

The participants themselves, highlighted increased education and awareness of PND as important for assisting sufferers, perhaps removing some of the stigma attached to ‘depression’, and potentially allow sufferers to speak more freely about their symptoms. If PND was more widely discussed, the community may begin to understand what sufferers go through. Any such education or awareness campaign could highlight the varying nature of PND, particularly that not everyone experiences extreme symptoms. Increased support and community understanding may prevent many sufferers from reaching the extreme.

Participants cited feelings of shamed or embarrassment in relation to not coping and therefore were reluctant to discuss their experiences.

...This is why I haven't told anyone...

...If you are an alcoholic, you can go to an alcoholic anonymous meeting. If you are post-natal you're weird, you're stupid, you can't handle anything...

The participants also referred to the community pressure to be ‘a good mother’ (including breastfeeding). However, many have observed conflicting messages regarding pressure to breastfeed, for example: not in public and not for too long.

...I think you just feel you are not good enough if you can't cope. You've just had a baby your supposed to be happy –what kind of women are you...

Some participants also expressed concerns, that if people knew they had PND, they would be treated differently or may be ostracised. See section 3.4.2 for reactions of family and friends.

3 SERVICE INTERVENTIONS

Once the participants had decided they needed to seek help, finding it proved difficult. They reported a range of responses from service providers - from extremely helpful and easily accessible to almost impossible to find or 'useless'. This section explains reactions to different types of services.

Across all service types, women did report some very positive experiences; however opportunities for improvement will be focused on here. One of the difficulties was that information was hard to find, particularly about PND and where to get help. Many participants had to search persistently for information and often this included making multiple phone calls.

...You have got to look for help and it is hard – really hard and that is shocking...

...I had to go and ring up myself. That is really hard when you are feeling unwell...

Some participants were fortunate to have good support from either family members, or a health professional who took responsibility for bringing information to the participant.

It was raised at a number of focus groups that whilst it was good to make suggestions for help to women experiencing PND, the sufferer is unlikely to respond until she felt 'ready to use them'. Some participants also mentioned that accepting there is a problem, is one of the hardest things for the sufferer, even if she has been told by others - "*You don't always listen.*"

Participants commented that while it is impossible to predict at which stage individuals will seek out services and supports, flexibility in the services and supports is required for PND sufferers.

A general lack of understanding of PND by healthcare professionals was experienced by some of the participants and cited the following negative experiences;

- 'Cries for help' were dismissed
- Questions or comments raised by participants trivialised
- Reactions in the extreme (eg making immediate protective notifications to DHS)

3.1. HEALTH PROFESSIONALS

Other than Maternal & Child Health nurses (who will be discussed at 3.5 Maternal & Child Health Program), GP's, Obstetricians, and Gynaecologists were identified as the health professionals that had the majority of contact with the participants.

The participants raised concerns that the many health professionals were quick to prescribe antidepressants, with little or no explanation of the possible consequences or discussion of the short & long term effects of taking these. Although in some cases, counselling was also prescribed, participants felt that the seemingly quick fix of medication alone was not the best response or solution.

...Yeab, but all the doctor said was 'oh here - some antidepressants, go home and take them'...

All groups agreed that better education of the medical profession, in particular local GP's, would improve the diagnosis of PND.

The participants, who reported having an established relationship with their GP, found them to be supportive in regard to their depression. This was attributed to the GP's knowledge of their client and thus being able to recognise changes or symptoms earlier. Almost 70 % of the participants in the study reported living in their estate for less than 5 years. This may have accounted for participants reporting they did not have an established relationship with their local GP.

The participants felt that there was a lack of understanding of PND and its symptoms and thus GPs were just not picking it up. Some participants referred to experiences when attending their doctor's surgery, showing obvious signs of not coping (eg: mother constantly crying) and depression was not mentioned by their GP.

...it is terrible for a doctor not to know...

...I think having professional people in the area, like counsellors and psychologists that specialise in post natal depression [is needed], because if you go to someone who doesn't specialise in that, I found that's pretty much useless...

A suggestion was made that it would be worthwhile for the GP or Obstetrician to discuss PND with all mothers at the 6 week check up.

Participants agreed that health professionals need to:

- Be more aware of PND;
- Ensure integrated treatment or responses, not one based on medication alone;
- Be aware of the range of services available locally for women suffering from PND and their families.

3.2 SLEEP CLINICS & MOTHER BABY UNITS.

A number of the participants experienced sleep deprivation due to unsettled babies or other worries, and that this may have triggered for PND, believing that with more sleep they would have been better able to deal with issues.

55% of focus groups included women who reported attendance to sleep clinics or mother baby units. These were located at South-Eastern Hospital, Rosebud, Melbourne, and Monash. Many of the participants, who attended sleep clinics, undertook the 'Edinburgh Test' for PND, and this is where they were diagnosed with PND.

The participants generally agreed that the clinics used very good learning techniques. On returning home, they were able to apply newly learned routines or skills to settle and care for their baby. Despite this, the women explained that if questioned or challenged over the technique, when they got home, a lack of confidence lead to them questioning the techniques.

3.3 TELEPHONE HELP LINES

The participants reported using various telephone help lines, including: PaNDa, Maternal and Child Health After Hours line, Parents Help line, and the Australian Breastfeeding Association.

Their contact with telephone support lines were, in the whole, not viewed as a useful experience, with the following problems encountered:

- Long periods on hold;
- Not getting through, time after time;
- Leaving a message and no one returning the call;
- Contact numbers changing;
- Finding the number had been disconnected;
- Impressions of the person on the phone line being rude or unhelpful.

...Engaged, engaged, engaged, I threw the number out, because I just got so sick of calling a number that no one could get through to...

...I understand ... a 24-hour service - how many people can be on [the line]; and [the counsellors] probably hear the same things over and over and over again; but after waiting that long, you want someone who understands...

3.4 HOSPITALS

The participants in this research had experiences in public and private hospitals. In general the first time mothers felt they were 'kicked out' of hospital too soon. Many said they were sent home without knowing how to look after their baby. In the case of traumatic births or women feeling very ill after the birth, they said they believed they needed additional time to get well before learning to care for their baby prior to discharge. They believed that the nurses were not as aware of PND as they should be, and felt that nurses should have 'kept a better eye on the mothers' and 'not just tick off boxes when they checked on you'.

...they just didn't ever say anything to me at all, and [yet] I pretty much cried the whole time I was there... You would think that they would think 'Okay, were going to have to watch this one'...

It was suggested that in such situations, an alternative to returning home, may be to spend a few additional days in a mother & baby unit, which could be attached to the hospital. Here, new mothers might learn to care for their babies, as well as getting over the birth. The participants recognised that not everyone would need additional time, but felt that it could help to recognise that some women do need such intensive help in the early days of motherhood.

General comments about hospital services included:

- Healthcare professional didn't actually discuss care with the clients;
- Healthcare professionals didn't have a personal approach;
- Healthcare professionals often didn't have appropriate bedside manner;
- A floating counsellor may assist as someone who could talk to mothers about how they are feeling, and maybe offer help or let you know of the services available;

- An improved changeover of nurses and clients may assist in ‘keeping up’ with needs of individual clients – continuity of care may assist in identifying particular problems, or to observe trends;
- Improved communication between nurses and mothers, about the care of babies, especially premature and special needs babies is needed.
- Improved support for second and third time mums is needed, “*they tend to leave you alone, yet you may still need support – you do forget things after a few years*”.

...I had a very traumatic birth, and I was very ill after. But still only had 3 nights stay in hospital. That’s it. At one stage my husband said to the nurse, you can’t send her home, look at her, she can’t go home and the nurse said the Government only allows 3 days, we need the bed, she can’t stay any longer, you have got to go home. So I think that the hospital needs to treat people as individuals...

...After being to that mother-baby unit, I really believe that they should have someone {at the hospital}, even if they can’t have you in the hospital for longer. Especially first time mums with unsettled babies [they need] someone to go home with you and just run through basic things, like routines. They knew that I had an unsettled baby while I was in the hospital, but let me go home without knowing what to do...

...Now, had I had a few nights more [before going home], maybe in [a centre] equivalent to a mother/baby unit attached to the hospital, a couple of extra nights...you need the support. It is there, but I suppose the full on attention of, and you know, taking up a hospital bed...

...And nowadays you go straight from the labour ward into your room, here is your baby, have a nice day. You work it out. That is what it is. You work it out. But it is basically you work it out. Work out how to settle him. They are there to help ... but I think prior to delivering the baby more information is needed...

3.5 THE MATERNAL & CHILD HEALTH PROGRAM

Maternal and child health programs (MCH) were discussed at all focus groups. The women recognised that MCH nurses were often under a lot of pressure and had limited time for each client, but the participants saw the nurses as their first (and sometimes *only*) source of information in the early weeks of motherhood.

In 82% of focus groups, one or more participants felt dissatisfied with their experience of the service. These concerns focused on the following issues.

- Lack of knowledge of PND and recognition of its symptoms;
- Lack of knowledge of support services available for women;
- Lack of willingness by to say anything to mother about suspected depression, “*at a later stage she said ‘I knew something was wrong there, and I knew action would have to be taken’. But she didn’t [at that stage] say ‘talk to me about it’, she wasn’t understanding... she wasn’t very supportive*”;
- Not enough time to talk about anything other than baby’s [wellbeing] - height & weight.
- ‘Cries for help’ going unrecognised – no support forthcoming “*and I said [whilst attending mother’s group] I was wanting to have him adopted out, I wanted my husband to just get away from me – no baby, [and I was] saying ‘I feel like I am living in a black room. I feel like I’m drowning’. They all went ‘Okay’ and moved on*”;
- Not willing to see some women on a more regular basis “*with my health nurse with my second child I wanted to see her more regularly, she knew I had PND but wouldn’t see me more regularly or give me more support that I was asking for – feeling disappointed when I needed the support most*”

- Need to have more time with the MCH nurse *“My Maternal & Child Health nurse seems very good with my son, but when it comes to my needs there is no chance to speak to them. They are very quick to pull out the leaflets. I have that many leaflet”*
- Some nurses appeared judgemental eg: in relation to breastfeeding
- Lack of flexibility by M&CH nurses in dealing with mothers and babies
- Lack of access to M&CH nurses – local nurse only available at the local centre on certain days, or by phone other days. The participants expressed a desire for greater personal contact with M&CH nurses.

Participants recognised the strain put on MCH nurses, especially within the growing urban population and time limits imposed on staff. However, the participants also felt that since the MCH nurse was, in some cases, the one person available for advice and support after the birth of the baby, there needs to be a greater emphasis on the delivery of a more responsive, higher quality service. There is a call for a stronger focus on the needs of individuals. Participants also felt that the MCH nurse could play a bigger role in looking after the mother as well as the baby.

In general the participants recommended more education for MCH nurses regarding PND. There also needs to be greater flexibility for example, by allowing longer sessions for each mother and a capacity for follow up visits - this could be achieved by an increase in the number of MCH nurses.

...I must admit I am very disappointed in general, with Maternal & Child Health. They do a quick weigh, do this and do that.... ‘baby is putting on weight’ and that’s it!...

...a few [nurses] ... seem to have ... pre-conceived ideas of how things are. You have to be in an extreme case for them to recognise there is a problem...

...So the baby was getting all the attention and I never got a chance to talk to her. She did not really care about me...

... I knew there was something wrong, I didn’t have a very good relationship with the first health nurse. She just basically... said you are a new mum, you’re tired, just get on with it, basically not quite in those words, but pretty close...

...I was really upset the first home visit, she was too busy to see me, so she sent someone who I would never see again, who stayed 5 minutes. I felt that was just a huge let down. Like where is everybody? Why doesn’t anybody help you?...

My health nurse was really good.at the moment it seemed like maybe... I wasn’t coping, she [asked] ‘do you want me to come around?’ ‘Do you want me to call you to see how you are going?’ ‘Call me...’, ‘Come down if you just want to talk about it...’ She was lovely.

It was this personal, caring approach that the women believed should be demonstrated more often in the MC&H program.

3.6 FIRST TIME MOTHERS GROUPS

Participants in 55% of the groups mentioned ‘first mothers groups’ provided at their M&CH centre. Experiences of these groups however, were highly varied, ranging from situations where women made some of their best friends and found the best support, to groups which women said they “*couldn’t wait to get away from*”.

Many of the participants felt the standard mothers groups did not meet their needs.

Some of the reasons included:

- Topics not relevant,
- Did not ‘click’ with other mothers or there was too great a variation in age groups of women,
- Promoted the myth that motherhood is a breeze, ‘you’ll have no problems’,
- Waiting period for the groups were too long (compounded in instances where women experienced being ‘left off list for the mothers group’),
- Starting too late – when the baby was 3-4 months old.

Some participants referred to feelings of isolation after the birth of their child(ren). Some participants felt that if their mother’s group had started earlier then this may have helped with the feelings, and that support was needed in the very early weeks “*when you are still learning things*”.

...I keep getting told that it’s too early to attend mothers group. I wanted to attend mothers group at 3 weeks. I was lonely, ...and this is when [the depression] started, when I was lonely. I was just running around trying to find somewhere to go and [I felt I had] nowhere to go....

...[my baby] was a week off 4 months old when I went to my first mothers group – and that was way too [old]. I was at home for four months basically on my own, and I tell you what - the house is really silent when no one was with me - really silent...

...You just really need someone that you know you can talk to, without them judging you. ...A lot of the girls in my mothers group – I’m lucky I still live in the area of my mothers group – a lot of them did have symptoms as well, so we do understand each other and we can ring each other up mothers group is the saviour. Some people have really bad experiences, but I was so lucky with mine, they have just been my rock...

At several focus groups it was raised that at mothers group discussion on PND may help women experiencing PND to recognise the symptoms. The other point raised is that a similar group for second or third time mothers could be beneficial. Possibly mothers new to an area may benefit from something similar, so they could build local friendships and to re-learn the issues.

3.7 COUNSELLING

Some participants who attended the focus groups had previously or were currently undergoing counselling for PND. In the majority of cases, they reported that the counselling had helped.

The participants agreed that GP’s should prescribe counselling at the same time as prescribing medication - and not rely solely on the medication for dealing with depression.

...I took him to the doctor at one stage because I thought he had a form of it (post natal depression), because we've got such a difficult baby, and we had had such a fantastic relationship before. ...we were really struggling - together we were struggling. ...And we couldn't get any kind of counselling that didn't cost \$75+ an hour. We couldn't afford to do it, so we didn't...

It was agreed that there must be better access to counselling. Two issues were raised as barriers here:

1. Private counselling is expensive and unless you have private health insurance, it is out of reach of most women/families; and
2. Publicly funded counselling has lengthy waiting lists.

... a lot of my friends have got it, but all they do is take the medication for it. They never have actually gone and talked to anyone about it, and they all laughed when I said I was going to counselling. But the maternal & child health nurse said you need to do both. She said you need ways to work out how to deal with all things going on in your mind...

3.8 PREGNANCY CARE

Most participants attended ante-natal classes prior to the birth of their first baby. The women reported that PND was not discussed at length, if at all, in these classes. The classes were primarily about the birth and contained very little information about what happens afterwards.

Many participants believed that if PND had been discussed at the ante-natal classes, that this may have helped both themselves and their partners, by increasing their awareness of the potential for it to impact post birth. They also agreed that more discussed in the antenatal classes about possible situations after the birth is required. A strong focus primarily on the labour was inadequate and that the realities of breastfeeding could also be raised as a topic for inclusion in ante-natal classes.

...I think the whole class should be focused on what to expect when you get home and also give out a lot of information on where to go for help when you get home, so you have got it all there on the fridge or whatever...

...I mean – that is something they can tell you in ante-natal classes, [about the] loneliness...

... I mean as much as they don't want [to] scare you... but you know, loneliness is going to be something that will hurt a lot of first time mothers [especially those] who were working ...

...We have worked all our lives, we have been around people. ... I didn't know it was normal to feel lonely...

It was also suggested that forming a relationship with your Maternal & Child Health nurse prior to the birth of your baby could be beneficial. Meeting a prospective M&CH nurse, during pregnancy may allow the mother to build a relationship, perceive differences in approaches, or even change M&CH nurse, if necessary, before the actual birth. Establishing this relationship may also benefit women who are experiencing difficulties dealing with their pregnancy.

...I started feeling very confused from day one of pregnancy, and nobody ever spoke to me about what that could do. Nobody ever bothered to ask me 'Was this baby planned, are you happy about it? How do you think you are going to cope?' Nobody even asked...

3.9 QUESTIONNAIRE / EDINBURGH TEST

Many participants reported that, at some stage, they had completed a questionnaire or undertaken the Edinburgh test for PND. The majority had completed it at sleep clinic or at group therapy, and some with their Maternal & Child Health nurse. One participant did the test on the Internet after being told about it by a friend. The test for some participants was the 'concrete' evidence they needed to conclude that something was not right, and that they did need specific attention or help.

82% of focus groups that discussed this agreed that every mother should be asked to complete a questionnaire such as the Edinburgh test - at least once after the birth of their child. They believed that GP's should have known about and use this questionnaire, and as suggested earlier, believed that it could be included in the six-week post-natal check up.

...I think all new mums should be made to fill out the survey that I did at the hospital, and I think if they did, maybe they'd [be picked up] sooner...

If the test was used universally, it might mean a reduction in the stigma attached to PND, with women less inclined to cover up the fact that they were not coping.

4. SUPPORT & COMMUNITY INTERVENTIONS

This section focused on the participants' perceptions regarding the level of support they received by their family and local community.

The level and kinds of support offered to the participants in this study, varied in the extreme. Support for husband/partners was also identified as requiring consideration, as the women explained that their partners are “*very involved...*”

The lack of awareness and understanding of PND was highlighted consistently as a major factor in the amount of support offered by the community generally. The women agreed that awareness of PND was the first important step in knowing how to help the sufferer.

The women also believed that the stigma attached to any form of mental illness particularly depression and PND was a major barrier.

These issues are discussed in detail below. Discussions focused on what kinds of support the women would like to see and how they believe community members could assist women and their families to deal with PND.

4.1 HUSBANDS / PARTNERS

64% of focus groups identified better education and support for husbands is required, as they too experience the effects of post natal depression and often don't get the support required to assist their families.

Support received from husbands/partners appeared to vary widely for the participants of the study. In general, partners were more supportive once a diagnosis was made, and their awareness of the condition had increased. The participants believed that in most cases their partners knew something was wrong, but didn't know what to do.

Lack of knowledge about PND was highlighted as the major concern for most women in relation to their partners. Because their partners ‘weren't really into reading pamphlets’, they believed there needs to be better ways of targeting information for fathers. The knowledge required by new parents includes knowing what the symptoms of PND are, how to recognise them and where to seek help.

*...But my husband has actually said that I had post-natal depression from the minute I came home... [that] he has been trying to tell me that I would... snap. I...say I am fine.
It wasn't until about 1½ months [in, that] we had a humongous fight, and I actually yelled –
‘I think I've got post-natal depression’. ..he [thought] finally [she sees it]...*

The participants who attended PND support group had an opportunity to involve their partners in one session. It was agreed this was very useful, because their partners could better understand what the participants were going through. It was also an opportunity discuss PND with other

men about it. Participants agreed that their partners needed the opportunity to talk about PND, especially with other men.

...We had one night where we had our partners as well and I think there should be a lot more of those, because it is not just ... me coping with the depression, it's both of us...

...It was the best session, and like you said, they had a partner night as well. ...really I agree, there could have been more with the husband. They are the ones going through it with us and are finding it as hard or harder it was a great help. ...They need to be involved and say a lot more too...

It was agreed that since most prospective fathers attended antenatal classes, this was the best time to start discussing PND and its symptoms, and therefore improve the understanding of PND. The participants reflected that after the birth of their child there were few formal opportunities for the father to learn about child development, parenting and how to better support their partner.

...I think it would of helped if there was somewhere [for] my husband [to attend]. Even if...the maternal child health nurse did an after hours [session] just once, to meet the husband. He knew I had it and he said that if I could have told someone that she is just not normal, it would have helped. My maternal & child health nurse... said 'normally it is the partner that picks it up first.'...

The suggestion was made that a 'first fathers group' should be established, along the same lines as the mothers groups. By allowing men time to socialise, learn parenting skills and maybe have specialist speakers eg: on PND, it may improve a their ability to recognise the symptoms of PND and other issues in relation to their child(ren) or partner.

The consensus across the groups was that PND does impact upon their partners, often having major effect on the relationship. Counselling was one way that some couples had attempt to address the problems together:

...it's a great stress on relationships when women don't realise they are suffering PND...

...I knew I had to do something about the way I was feeling. ...My relationship with my partner was dying really fast. Everything in my life was just crap at the time. We had a great relationship [before], ... have always been best friends. We waited years to have a baby and then it just fell apart they just can't understand...

4.2 FAMILY & FRIENDS

Each participant dealt with their PND in their own way. Some believed they could not have got through PND without their family and friends, yet others had not told anyone. Many of the participants revealed their reluctance to discuss their experiences with others, because of the prevalent lack of awareness and understanding of PND. They found it very difficult to explain what they were going through to a person who may have had no knowledge of the condition. Some participants felt that when dealing with friends and often family, the 'generation gap' between themselves and that person influenced how PND was viewed.

...My daughter doesn't get it...

...I was told 'it didn't happen in my day'...

...My mum thinks it is just a thing in my mind. I've tried to tell her that... the doctor said that it is a chemical thing, [the] brain cannot work things out. My aunt says it 'is a load of nonsense' and my mother-in-law thinks 'it's just people now days [they] can't cope...don't know how to raise a family'...

Other participants also found that a 'generation gap' was not confined to older or younger relatives or friends and could extend to "...even in people our own age."

Responses like "snap out of it, you're being stupid" were seen as negative and unhelpful, although such responses were seen largely as result of lack of knowledge about depression and PND. It was recognized that even with all the knowledge in the world, some people may still have a unsympathetic attitude.

Some women reported extremely good support from their family and friends: where they had picked up the signs, helped with children and searched for specific help needed.

... I just wanted someone to come and take him basically. I said that to my mum 'I want someone else to look after him, because I can't', so she took those as the cues and did some research for me...

...I couldn't have done it without my family's support and my husband. My mum actually stayed with us too, just to do the night feeds, so I could some sleep...

...it was my sister that found all the stuff for me 'I've done all this research for you', she said. She'd been on the phone for a couple of hours and she said she found every support network available within the city. She found out cost, she found out who bulk billed. She really went to a lot of trouble. And she said to me 'This is the list, this is for you, you look through it'...

In many cases once the family were aware of PND, they were better able to support the sufferer.

Many participants expressed the sentiment that "you really know who your true friends are when you are experiencing PND"

...The same with my girlfriends. After I had [been] diagnosed I went to them and... said 'look I have got PND' and they said 'Oh, we thought so' and I said, "Well why didn't you say something?" and they said, "We didn't want to upset you"...

A number of participants referred to lose of friendships because their friends didn't know how to deal with it.

Supportive friends make a big difference to those experiencing PND.

Below are just some of the help that were mentioned:

- Being able to ring friends when they felt they were not coping;
- Being able to drop in on their friends, for coffee when they needed someone to talk to, needed company or just wanted to get out of the house.
- Their friends doing little things, like folding the washing;
- Being understanding, not being judgemental.

Women who had very little or no support from family and friends recognised that this was a very important factor. Whilst such support could not prevent PND, a number of participants believed that better support would have helped their recovery and lessened the impact of their symptoms.

Even with good support from friends and family, the women confirmed the need for professional support and the opportunity to talk with other women suffering PND.

4.3 PND SUPPORT GROUPS

In 100% of the focus groups, the women discussed the value of talking to other women who had PND and therefore better understood what each other was going through.

There is only one known support group for women suffering PND in this sub-region. This is a time-limited (6-8 week) group, facilitated by a professional (psychologist) and offered by a community health service. A number of the women involved in the research had participated in this local PND support group. Some participants attended support groups in Melbourne. While one participant expressed relief in being away from the local area, and so ensuring her anonymity, but generally most participants said they would not have been able to travel to Melbourne weekly to attend a group.

Specifically these groups helped the women to work through their issues and to realize they were not alone in their suffering.

...It helps talking to people who know what you are feeling and that you are not alone. Listening to other people's stories is more powerful than reading a book...

As a result of their involvement in the PND support groups, many of the participants subsequently attended counselling for management of their PND and/or relationship issues – seen as being associated with their depression.

Several suggestions were made regarding PND groups:

- More groups running, more often; disappointment was expressed at having to wait for the next group - they wanted help immediately, when it was finally sought;
- More intensive sessions available - twice a week, rather than once a week;
- Partners/husbands needed to be involved more in these groups;
- Some women would have liked the group to have continued informally.

4.4 COMMUNITY & LOCAL SUPPORT

The discussion about the values of support from the local community focused primarily on experiences and visions of what could be.

In summary this covered:

1. Local support groups;
2. One to one support – or a 'Buddy System';
3. Community houses or meeting spaces; and
4. Information needs (see section 4.5)

4.4.1 Local support groups

The concept of community and local support groups were discussed quite extensively. The key elements of such a local PND support group were seen as:

- Informal.
- Someone (eg: facilitator) help to direct conversation
- Professionals support available;
- Support to make your own decisions.
- Include helpful advice.
- Ability to sit back and listen until you are ready to talk.
- Not dependant upon numbers.
- Confidentiality.

...I think some sort of informal group where you can come and discuss ongoing issues, and have a facilitator who can direct the conversation, pick up on what is happening and pick up an issue would have been worthwhile...

...Even just a group discussion with the husband and wives, like an ante natal class, but a post natal class - so they can see that other husbands feel the same way, like them...

...I think that, that somebody certainly should come and speak to mums about their state of mind and how they are feeling, and what sort of effect it can have. Because, I would have done something [immediately] if a month ago someone had ... [told] me about it...

While some participants felt the groups should be targeted only at women with PND, one participant was concerned that a PND group might make her feel worse. Others agreed that the groups should be open to all mothers... believing that there needs to be a better system for getting all mothers of small children together, informally, and inclusive of second & third time mothers, and if interested mothers new to the area.

4.4.2 A personal supporter

The participants agreed that although group discussions were very useful, sometimes they did need someone they could really talk to on a one-on-one basis. Here some groups suggested a 'buddy system', where women who had experienced PND, made themselves available to other women who were going through PND, or someone to ring for a chat or who could drop in and talk through the problems.

Some suggested this should be an even broader system, open to all – and start during pregnancy. It might be especially useful for those women in new estates, without family nearby or without a good support network.

...At that time I needed someone who was going through it at the same time as me, because [I felt] so alone... that you're the only one...

...Phone calls – to & from people who know what you are going through and don't judge you...

...All you want is just someone to come over and give you a hug...

...What about if we all decided to put our names on a list, you know somebody who can understand what it feels like. And someone might ring a Maternal and Child Health Centre and say 'I need to talk to someone now' they

say 'we'll get someone to ring you back in 5 minutes or something like that', and ring somebody on the [buddy] list...

...I would definitely be willing to do something like that because I know how much that would have helped me. To have somebody on the other side of the phone, to understand what you're feeling and doesn't think 'God you're just a nutcase' and you can have a cry on the phone or whatever...

...I would love to go and visit a new mother and talk to her about all the things I needed to have talked about. ...To talk about anything, just someone to come around and have a coffee with you and keep you company...

4.4.3 Meeting places in the local community

As mentioned earlier in the report, feelings of isolation were common amongst the participants. A series of suggestions were discussed on the concept of a community house or space where the women could just drop in for coffee and know that some one was going to be there to talk to. Community house or neighbourhood houses are common however, they may not address the needs mothers suffering depression. Comments from the women included:

...A social room – just so I wouldn't have to be by myself...

...Just somewhere that they could drop into, just somewhere that was safe, and you knew it was open 5 days a week...

...But you need somewhere that is comfortable, safe,... {where} you know that the children will be safe. [Somewhere] without having to think 'oh if I go there, I will have to drop the [children] off somewhere...

...A coffee morning, every Friday morning,...informal. You pay fifty cents ... you can go once a week, once a month, every six months, whatever. Even if you just go and sit there and talk to people you might have met in your group. All that sort of stuff... just ...very informal...

...It's good to talk to other mums, because even if they have depression, or not, they're all finding it hard. Everything I've said, is the same [for] girls with kids my age...

...I have a big fear of being alone, so I would have loved a drop-in centre that was open all day...

4.5 INFORMATION NEEDS

4.5.1 Information on PND

Lack of awareness and understanding of PND was raised at 100% of the focus groups. The participants reported difficulty in finding information about depression in general, for themselves and their family members.

The participants felt that not only was education and information needed for the general community about PND, but better information was needed for new mothers on the realities of life with a baby. Such information would have helped them when initially seeking help and during their recovery. It was believed that if more people were aware of depression, and information was more readily available, this may positively influence situations where the family are unsupportive. Information also needs to be specifically targeted at the families of women experiencing PND.

The participants recommended information about PND should include:

- Awareness of symptoms – not just extreme cases;
- Facts and figures on number of women suffering;
- List of Health Professionals that have experience dealing with PND;
- A video;
- A multi media campaign.

...They [should] bother to do ...Ad campaigns [so] a lot of people get it – not just the 1% [suffering]...., so it's [seen as more] ... normal...

...Do something that is really public, not only in the papers. Not everyone reads the paper...most people, at some point, watch the television...

4.5.2 Parenting information and training

The participants referred to the need for more realistic information about motherhood. Ideally ante-natal classes could include discussion of more contemporary parenting issues.

...You need to be educated on what it is really going to be like – not the sugar-coated version...

...The media, even other mums that talk about it as if it is all wonderful – they lie...

A suggestion was made at some of the focus groups that parenting classes could be run locally. These may be held in M&CH centres, both at night and during the day so that partners could attend. Topics could include: PND, settling, introducing solids, bed wetting, dealing with parenting and with difficult behaviours of the children, etc. The women wanted to see the sessions including a speaker and also a time for parents to socialise.

Participants also suggested improving on the 'Bounty Pack' which is given to all mothers. Usually they containing a nappy, some wipes, pamphlets etc, the participants felt the pack could be better utilised if it contained general parenting information and phone numbers for key help lines and support services eg PanDa.

A range of information was identified as current information gaps for parents. These included:

- Information about services available with phone numbers, including: family support services;
- Location and contact numbers for playgroup;
- Services especially for mothers and children eg cry baby sessions at cinemas;
- Community Houses – locations and programs;
- Family Day Care services;
- Community Health Services;
- Information for new fathers including: first dad's groups.

4.5.3 Anger Management classes

There was also a need raised for classes on *Anger Management* for females, not just males.

5 URBAN ENVIRONMENTS

As part of this research there was an attempt to identify the importance or impact of the natural and built environments to participants experiencing or recovering from depression. In many cases, the participant in our study said they had not thought about this issue before and so discussion was limited, compared with earlier subjects.

The women agreed that while their urban environment may have impacted on their depression, it was not the cause of their depression. Issues which related to the urban environment that were seen as having some impact follow.

5.1 EXPERIENCE OF THE NATURAL ENVIRONMENT

When asked about their perspectives on the possibility of the link between feeling depressed and one's degree of contact with nature, most of the responses by participants were limited and this really depended upon the individual.

...Some people need to have the natural environment around them and other don't...

...Some people love the bush and being in amongst it is really important whereas others don't need it or even don't like it...

Some of the women noted that at some stages of their PND, they were not willing to leave the house therefore the quality of local parkland may have been irrelevant.

...When I was feeling down I would try and go outside but it didn't make me feel any better...

However, they felt nature may have been important and useful during their recovery stages:

...Yes, I must admit you feel better for getting out and being in the sun. Being out in the warm sunshine there is something to it...

...The fresh air and everything like that, I think that makes you feel better, so maybe it has helped in the recovery. Once it started, I guess...

...Yes it is important to have that contact with nature...

...You do feel better when there's a bit of space around and you feel like you can imagine you're in the country for a while...

5.2 NEIGHBOURHOOD DESIGN & AMENITY

5.2.1 Urban density and design of sub divisions

There were feelings expressed about being closed in, or trapped...

...The neighbours are close, the fences are close and the streets are little and [it] feels like I am blocked in...

...I won't go out of the house because I feel like that it is all squashed in, and that makes me feel...like I won't even go out in my own backyard and hang out my clothes because the neighbour is right in my face, so I would rather stay inside, then walk out the door and see all this clutter in front of me...

...I felt closed in and it did impact on my depression ...

...They've been relevant... Houses being really close to each other, I think is not really a good thing, because your always worried that the neighbour is going to hear and when you're depressed and your baby's crying a lot you always worry about 'What are the neighbours going to think?' and when you and your husband are having altercations because of an underlying Post Natal Depression issue, its always 'What are they going to think?' 'What are they going to hear?'...

Other issues referred to as problematic, sometimes stressful for families living in close proximity to each other – concerned barking dogs, noisy children and uncooperative neighbours.

5.2.2 Access to and visibility of open spaces, nature and parklands

Several women mentioned that at the “peak of their depression” they didn't want to leave the house. Therefore, what was around them did not seem important at that time.

...I don't think parks would have helped at that stage...

...I don't think about taking the kids to the park...

...When you're depressed, or when you're at home, you just sort of think 'Oh I can't be bothered...'

However a commitment to parkland and open space became apparent when they were later asked what features they wanted to see more of in their urban environments:

More open space and parkland:

- New estates need more grass lands (mentions at 36% focus groups)
- More open spaces is needed (mentions at 36% focus groups)
- Better access to playgrounds, ideally within walking distance of home (mentions at 27% focus groups)
- Leave some of natural environment and the big old trees (mentions at 27% focus groups)
- A suggestion was made that more land within new estates should be allocated for **community space**, with a higher percentage of the profits from development of the estate(s) being committed to such.
- Amenity/equipment:
 - Shade over parts of the playground, preferably trees.
 - Park benches to lie on and stare at the sky.
 - More relevant spaces, surfaces and equipment for crawling babies.
 - Playground equipment for young kids – small hoops etc

5.2.3 Environments that invite use and walking :

Walking to parks was seen as helpful to some people and in these cases ease of access to parks was mentioned

...lots of little [parks] that you could walk to, as well as the large ones...

Again, the importance of walking became apparent when asked about what specific things they wanted to see in their urban environments:

- Footpaths on both sides of the street (mentioned at 46% of focus groups)
- More walking paths
- More direct access from new estates to shops.

Other design and maintenance issues for neighbourhoods:

- Safety – major issue when walking and at playgrounds. (mentioned at 55% of groups)
- Clean public spaces/places (mentioned at 27% of groups)

5.2.4 Planning for greater proximity to shops

This was reported as a difficulty in some areas, where mothers were always required to get in car with their child(ren) to reach the shops. They wanted to be able to walk for this purpose. Some mentioned the need for better walking tracks through reserves.

...I'd like an access track through the racecourse, so I don't have to walk all the way around...

5.2.5 Other facilities wanted in their local neighbourhoods

- Community bus to get you the supermarket – needed for mothers without cars. The bus needs to have car seats & room for prams.
- Closer proximity of kindergarten centre
- Good quality local milk bar - up to date products and nice people
- A neighbourhood Café where you could meet people.

Some women found that the social environment and quality of their local informal contacts was just as important for their sense of wellbeing as was their natural and built environment.

5.3 SOCIAL ENVIRONMENT

25% of the participants in our study had lived in their house for 2 years or less. In general, the women reported difficulties in making new friends when moving to a new area.

Factors seen to influence the making of new local friends were:

- The lack of local community areas where one can go and chat;
- The reducing number of mothers who are out of the work force;
- The high percentage of parents who are working equivalent of full time and therefore spend less of their day time in their local area, or are “never seen” out in the neighbourhood;
- The associated trend for reduced interactions between neighbours;
- Feelings of isolation or not wanting to leave the house.

Participants reported that they relied upon formal mother's group or playgroups to make friends. Some participants had to really search hard for a playgroup, and believed that information like this should be more widely available.

...Everyone works in my street, they all work. But I am sure there are young families in there somewhere ...

...I find I've got some good friends because I am in the same area that my mothers group was...

...I've got really good neighbours and you can't always guarantee that...

6. INTERVENTION PRIORITIES

Following all the group's discussions, the final question asked of the participants, was aimed at identifying what they each believed should be made the priority for responding to PND. Their responses are listed here in order of the responses most mentioned. Most of the women recommended more than one response.

1. ***Resources in the Maternal and Child Health Program (11)***

- More Maternal & Child Health nurses at local centres, so more time can be spent talking with individual mothers; and demonstrating more interest in the mother as well as the child. Increase capacity for home visits by M& CH nurses. “[MCH] are our first point of contact.” (7)
- More maternal & child health centres -open the ones that have been closed and these centres should be open for longer hours (1)
- Improved awareness by MCH Nurses of the symptoms of PND and improved questioning and discussion with new mothers to assist in detecting PND (1)
- Filling out the survey (Edinburgh Test) at a regular intervals with Maternal & Child Health Nurses (1)
- At each M&CH Centre – a list of names and numbers of PND sufferers who were willing to talk to others. (1)

2. ***Personal and practical in-home support (11)***

- Spontaneous phone call or visit by someone (perhaps to come and do the dishes or just talk). Immediate local support. Being able to discuss problems another mother ‘who has gone through it’. Someone to come to your house and listen, provide positive reinforcement. (5)
- Buddy system (2)
- Flexible support that you can access when you’ve got a need; perhaps by way of a mentor to support you, and assist you to make decisions, and get the services you need (1).
- Home Help for new mothers (2)
- Individual support from a professional (behaviour therapist or health professional), with home visits made an option. (1)

3. ***Multimedia materials & strategies to increase awareness of PND (9)***

- Awareness/understanding - not just for mums but for the entire community. (4)
- Video on PND (2)
- Information pack about PND, for mothers, husbands, grandparents
- Awareness of the services for PND sufferers – readily visible (1)
- Better education for partners/fathers (1)

4. ***Antenatal classes (6)***

- Ante Natal classes – to include discussion on the symptoms of PND to raise awareness of PND and to include more information for both prospective parents on what they might expect after the birth. (6)

5. ***Health Assessments/Early Diagnosis (3)***

- Universal process to assist in detecting symptoms of PND (1)

- Edinburgh survey – done at a scheduled interval(s) (Eg: 6-week check). (1)
 - Professionals - need to be more professional (1)
- 6. *Facilitated PND Support Groups (3)***
- A support group – a small group of women who are having problems. With no/small waiting list. Informal, but with access to local psychiatrist or psychologist that specialises in PND. (3)
- 7. *More accessible parenting groups/training workshops (3)***
- Mothers group/Support group as soon as you get out of hospital (1)
 - Second time mum mothers groups offered (1)
 - Parenting workshops – fortnightly or monthly (perhaps attached to MCH centres) provided after hours so partners too can attend. Topics would include: PND, settling, and each time a different skills training focus. Need to run on a continuous basis and repeat topics as new people attend. (1)
- 8. *Local children’s services (2)***
- List the information about available local services eg: playgroups
 - Better availability of occasional care for children – to give mothers a break.
- 9. *Welcoming local community meeting place (2)***
- Somewhere to go (1)
 - Old converted house – somewhere to go & talk, child friendly. With professional support available. Not just for PND sufferers for everyone. Parent Centre (1)
- 10. *Approaches re. breast feeding (1)***
- Less pressure to breastfeed – give information on alternatives earlier on (1)
- 11. *Better support directly after the birth (1)***

APPENDIX

APPENDIX A:

PROFILE OF PARTICIPANTS (Confidential Questionnaire Analysis)

Analysis of Confidential Questionnaires completed by participants

Thirty-two women were involved in research. All filled out a confidential questionnaire, at conclusion of focus groups. A copy of the questionnaire is in Appendix F

1. Where Do You Live?

Suburb:

Suburb	No. of Participants	Percentage
Narre Warren South	9	28%
Pakenham	6	19%
Berwick	4	12.5%
Cranbourne North	4	12.5%
Dandenong West	1	3%
Narre Warren	3	9.5%
Beaconsfield	2	6.5%
Hallam	1	3%
Hampton Park	1	3%
Officer	1	3%
<i>Total</i>	<i>32</i>	<i>100%</i>

Estate:

Thirteen of the participants live in estates; nineteen of the participants did not live in an estate.

How long have you lived in this suburb:

Duration	No. of Participants	Percentage
Less than 2 yrs	8	25%
2 years	3	9.5%
3 years	4	12.5%
4 years- 4 1/2 years	4	12.5%
5 years	4	12.5%
6 years	1	3%
7 years	2	6.25%
8 years	1	3%
9 years	2	6.25%
10 years	1	3%
Not stated	2	6.25%
<i>Total</i>	<i>32</i>	<i>100%</i>

2. How Many Children do you have?

- Fourteen (14) participants had one child 44%
- Twelve (12) participants had 2 children 38%, and
- Four (4) participants had 3 children 12%
- Two (2) participants did not state number of children 6%

3. How long were you/have you been depressed?

Scale	No. of Participants	Percentage
Never depressed	0	0%
Up to 3mths	3	9.5%
3mths-6mths	9	28%
7 to 12mths	2	6.5%
13mths-2yrs	8	25%
More than 2yrs	10	31%
<i>Total</i>	<i>32</i>	<i>100%</i>

4. How severe was your depression? (scale of 0-5)

(0 meaning no depression scaling up to mild, moderate, severe)

Scale	No. of Participants	Percentage
0	0	0%
0-1	0	0%
1	0	0%
1-2	1	3%
2	1	3%
2-3	1	3%
3	6	19%
3-4	8	25%
4	5	15.5%
4-5	2	6.5%
5	8	25%
<i>Total</i>	<i>32</i>	<i>100%</i>

5. Effect depression has on ability to function on a day-to-day basis? (scale of 0-5)

(0 meaning no depression scaling up to mild, moderate, severe)

Scale	No. of Participants	Percentage
0	0	0%
0-1	0	0%
1	1	3%
1-2	0	0%
2	2	6%
2-3	1	3%
3	6	19%
3-4	4	13%
4	10	31%
4-5	2	6%
5	5	16%
N/Stated	1	3%
<i>Total</i>	<i>32</i>	<i>100%</i>

6. Effect depression has on relationship with family and friends? (scale of 0-5)

(0 meaning no depression scaling up to mild, moderate, severe)

Scale	No. of Participants	Percentage
0-1	0	0%
1	0	0%
1-2	0	0%
2	2	6%
2-3	1	3.5%
3	5	16%
3-4	2	6%
4	8	25%
4-5	3	9%
5	10	31%
N/Stated	1	3.5%
<i>Total</i>	<i>32</i>	<i>100%</i>

7. Were you formally diagnosed with depression?

81% or twenty-five (25) of the thirty-two (32) participants were formally diagnosed with depression. 16% or six (6) participants were not diagnosed and 3% (one participant) did not answer..

8. Were you treated with medication?

91% or Twenty-five (25) participants had been treated with medication for post natal depression. 16% or five (5) participants had not been treated with medication and 6% (two participants) did not answer.

9. Were you hospitalised or spent time in a mother baby unit for a depression related condition?

26% or eight participants had been hospitalised or spent time in mother baby unit for a depression related condition. 72% or twenty-three participants had not been hospitalised and 3% (one) did not answer.

Please note: It was not determined whether the participants that were hospitalised, attended a sleep clinic or not. Had this been determined the figure of 26% of participant hospitalised may have been higher.

APPENDIX B:

PROJECT DESCRIPTION SHEET

Given to all participants

Background

This joint project between City of Casey and Cardinia Shire Council's funded by the State Government Department of Human Services will research women, who have had or are currently suffering from, Post Natal Depression in these two rapidly growing municipalities.

The project aims to identify more appropriate responses for families living in newly formed estates¹ where mothers have experienced Post Natal Depression (PND)².

Responses will include strategic interventions including:

- Service provision
- Community activity/support
- Local area planning³ for new estates

Objectives of Project:

- Seek the viewpoints of local women that have experience of PND
- Identify interventions/responses from the women themselves
- Develop Packages to advocate the findings to specific target groups:
 - Service providers
 - Community development workers/groups
 - Local Government Planners

Process:

Women were invited to participate in a 2-hour focus group, held in venues across both municipalities. Women were personally targeted through service providers

- Maternal & Child Health Nurses
- PANDA website
- Counsellors at Community Health Centres

Further support may be gained from discussions with:

- *Your local Doctor or Maternal and child health nurse;*
- *Post and Ante Natal Depression Association (PaNDA):*
www.vicnet.net.au/~panda or 9428 4600;
- *Community health centres:*
Casey Community Health Service - 5990 6144; and
Cardinia Community Health Service - 5941 0500;
- *Or support with child care (Family day care):*
Casey Family Day Care - 9705 5200; and
Cardinia Family Day Care - 5941 0555.

¹ Newly formed estates = A 'sizeable' area of new housing i.e. more than 40 residences/lots, with residences organized in a cluster of two or more streets, at medium density; residences no more than five years old (built from 1997 onwards).

² Post Natal Depression – we will base our work on the definition of PND as per overleaf

³ Local area planning: to include provision of specific facilities; infrastructure within the 'built' or 'natural' environment; urban planning principles

APPENDIX C

DEFINITION OF POST NATAL DEPRESSION

Given to all participants

Cardinia Shire Council & City of Casey Council

“Post Natal Depression in the urban growth corridor – better targeting our responses”

Definition of Post Natal Depression

For the purpose of the above study we will base our understanding of PND on the following definition:

Post Natal Depression is a major depression that occurs after the birth of a baby and may disrupt your ability to carry on day to day functions – the severity and number of symptoms varies between women.

Symptoms of Postnatal Depression⁴

The severity depends on the number of symptoms, their intensity and the extent to which they impair normal functioning.

- Mood Change: Low or fluctuating from high to low
- Inadequate sleep, unrelated to baby's needs: Sudden waking, bad dreams, early waking, inability to sleep even when exhausted, over-sleeping
- Appetite Disturbances: Loss of appetite, forgetting to eat, over eating
- Chronic exhaustion or hyperactivity
- Crying or wanting to cry for no obvious reason
- Diminished coping mechanisms
- Irritability
- Anxiety. Which may lead to hyperventilation, panic attacks, hot and cold flushes, heart palpitations
- Negative, obsessive or morbid thoughts
- Feeling like life has no meaning
- Loss of concentration
- Loss of memory
- Loss of interest in sex
- Loss of self confidence and self esteem
- Unrealistic feelings of guilt and inadequacy
- Fear of being alone
- Fear of social contact
- Possible feelings of self harm or harm to the baby

⁴ Definition from the PANDA (Post & Antenatal Depression Association Inc) web site <http://home.vicnet.net.au/~panda/> accessed 4/9/02

APPENDIX D

PRIVACY STATEMENT

Signed by all Participants



Cardinia Shire Council and City of Casey joint project - "Post Natal Depression in the Urban Growth Corridor – Better Targeting Our Responses"

As we need your permission to collect vital information for this research, please read the following statement and if you agree sign and date where indicated.

The personal information is being collected by the City of Casey and Cardinia Shire Council for the purposes of determining the needs of young families in the urban growth corridor in relation to women suffering from Post Natal Depression in particular. The personal information will be used solely by Council for that primary purpose or directly related purposes and names will not be used in any report.

---Council will provide copies of the report to the funder's of this program, namely: the Department of Human Services for the purposes of satisfying the department in relation to the funding guidelines and in an attempt to secure future funding; and to other Councils, agencies or groups for determining the best responses for mothers with young families. If this information is not collected it would affect the understanding of councils and the Department of Human Services in better targeting appropriate responses to mothers with young families needs as identified by the women themselves.

The applicant understands that the personal information provided is for the purpose of collecting relevant data from women who identified as having suffered/or are currently suffering from depression following the birth of their children, in identifying appropriate responses and supports for mothers of young families in the Urban Growth Corridor, and that she may apply to Council for access to and/or amendment of the information.

Requests for access and or correction should be made to Sally Everitt on 5945 4210. A final report including data collected from focus groups will be made available from approximately 30 June 2003.

Signature of Council officer: _____

Date: _____

Signature of Participant: _____

Date: _____

APPENDIX E

QUESTIONS ASKED IN EACH FOCUS GROUP.

1. When did you realize you were feeling depressed?
2. Was it difficult to have your feelings recognized and your needs met?
3. What was the process for getting assistance, how easy or difficult was this to navigate?
4. What would have helped?
5. What physical support would have helped?

6. Thinking back over what's already been discussed let's talk about services:

6.1 Were there services that you knew about, that you wished you could have had access to? If so, what were these services? Why were they so important to you? Which have been most valuable?

6.2 Where did you manage to get services, were there any issues for you in getting the kind of supports you expected? What issues were encountered? Could these barriers be removed?

7. Community Support

If you haven't already mentioned *informal supports* from friends, family, or your **local community**:

- a) Do you think this was, or would have been important?
- b) If we could set up something locally like this what would it look like? (*Think about your neighborhood supports, or local groups*)

8. Urban Environment

I know some of you live in new houses in new urban estates, or live in townships that are rapidly growing and changing, so in that context:

- a) **How** do you think that your physical environment has impacted on your feelings, your depression?
- b) Has your local environment impacted on you making friends?
- c) How has it been for you to get information that you needed?

9. Natural Environment

- a) In thinking again about the *design of your neighborhood* and suburb, what would you recommend to improve its design or its feel?
- b) Is there anything specifically that could be added for mothers with young families?
- c) We are wondering if there might be some link between mental health of residents and their degree of contact with nature (*for example: parklands, trees etc or people's lack of contact with nature*)
- d) How do you feel about this?
- e) Would this be relevant in any way to your recovery?

Finally, thinking about all the suggestions you have made today – if there was only one thing to be introduced to help women suffering from PND, what would that one thing be?

10. **THANK YOU** – Hand out questionnaire for completion before leaving

APPENDIX F

CONFIDENTIAL QUESTIONNAIRE

Completed by all participants

CONFIDENTIAL QUESTIONNAIRE

Please do not put your name and/or address on this document

1. Where do you live?

Estate:.....

Suburb:.....

How long have you lived in this suburb:.....

2. How many children do you have?

3. How long were you/have you been depressed

Please tick

a) Never depressed

b) Up to 3 months

c) 3 – 6 months

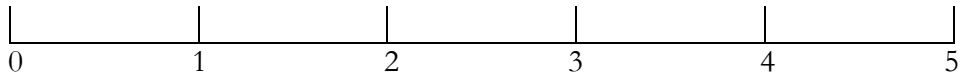
d) 7 – 12 months

e) 13 months – 2 years

f) More than 2 years

4. How severe was/is your depression (scale of 0 – 5)

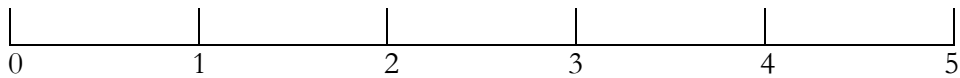
Please Tick



(0 meaning no depression scaling up to mild, moderate, severe)

5. Effect depression has on ability to function on a day-to-day basis (scale 0 – 5)

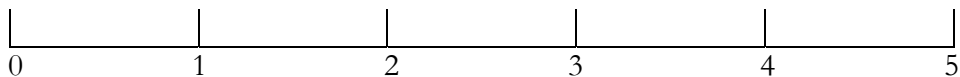
Please Tick



(0 meaning no depression scaling up to mild, moderate, severe)

6. Effect depression has on relationship with family and friends (scale 0 – 5)

Please Tick



(0 meaning no depression scaling up to mild, moderate, severe)

7. Were you formally diagnosed with depression?

Please Tick

YES NO

8. Were you treated with medication?

Please Tick

YES NO

9. Were you hospitalized or spent time in a mother-baby unit for a depression related condition?

Please Tick

YES NO

