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Pathways to care : The experience of new mother's perinatal mental health in rural areas

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Background

- What is Perinatal mental health?
- Figures for Postnatal Depression
 - 15% (1 in 6) following birth
- Figures for Antenatal depression/anxiety
 - 10% in pregnancy – 26% of these will continue
(Beyondblue 2009)
- Beyondblue – fabulous but urban centric
- Very little research on rural areas
- So... Busselton!

Current Research

- SA findings

- Emerging evidence suggests people in rural areas experience mental health differently to those in urban areas

(Collins, Winefield, Ward & Turnbull, 2009)

- Stoicism – “push through the tough times”

(Gorman, Buikstra, Hegney, Pearce, Rogers-Clark Weir & McCullagh, 2007)

- Stigma and small towns prevent even picking up a brochure “everyone knows everyone else’s business”

(Fuller, Edwards, Procter & Moss, 2000)

- Tidal model

- Individual differences
 - Total patient focus – whatever that may be
 - Unrealistic? but a great goal!

Research Design

- Method : Semi Structured Interviews 20 minutes to 60 minutes (recorded)
- Procedure : Word of Mouth, Snowball
 - Information letter sent
 - Consent form signed
- Ethics : Approval by Ethics Committee ECU
- Participants recruited from Busselton
 - 8 new mothers (children under 3 years)
 - 2 General Practitioners
 - Child Health Nurse
 - Midwife
 - Social Worker
 - Psychologist
 - Perinatal Mental Health Worker



Findings

More professional support

- Long gaps between visits
- Need to include psychologist
- Home visits were great

Time management

- Need to continue with chores
- Unable to do the chores
- Resent the amount of work
- Change from task to relationship building

Isolation

- First 6 weeks no one to talk to
- Change mindset into being at home
- Don't know what to do

Preparedness

- Feeling unsure of what to do
- Difficulty adjusting to changes

Mothers Group

- Need to connect earlier
- Find sharing info beneficial
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Limitations

- Because the women were recruited by word of mouth the group may have been quite homogenous which may not represent Busselton as a whole.

Recommendations

- Mental Health Professional as part of the Community Health Centre to provide continuity of care
- Increase level of awareness through more frequent interaction with new parents
 - Antenatal classes
 - Mothers groups
 - Hospital visits
 - Home visits

Conclusion

- New mothers have a knowledge of PND but are uncertain about level of distress – how bad do you need to feel to seek help?
- Ease of access to help needs to be improved
- Perinatal Distress can be reduced in Busselton through
 - early intervention
 - continuity of care