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
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