

The pathway to care in post-natal depression: women's attitudes to post-natal depression and its treatment

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SUMMARY

Women suffering from post-natal depression were interviewed about their symptoms, help-seeking behaviour and treatment. Over 90% recognized there was something wrong, but only one-third believed they were suffering from post-natal depression. Over 80% had not reported their symptoms to any health professional.

Keywords: *post-natal depression; attitudes.*

Introduction

Non-psychotic depressive illness affects 10–15% of all newly delivered mothers.¹ Despite evidence that it responds to counselling by health visitors,² it is believed to be frequently undetected and untreated. The aim of this study was to investigate the attitudes of women with post-natal depression that might determine whether or not they would receive treatment.

Method

Subjects were a consecutive 6-month sample of women who were identified as depressed post-natally during recruitment to a treatment trial. A systematic (alternate days) sample of newly delivered mothers at two large maternity units in south Manchester was asked to undergo assessment for depression at 6–8 weeks post partum. At this time, subjects completed the Edinburgh Post-natal Depression Scale (EPDS),³ and high scorers (>10) were further assessed using the Revised Clinical Interview Schedule (CIS-R)⁴ and Research Diagnostic Criteria.⁵ Among those found to be depressed, there were no refusals to take part in the present study.

Depressed subjects were asked a number of questions about their current symptoms and attitudes to treatment. The five stem questions are given in Table 1. Women were free to give their own answers rather than choose from a prepared list. Their answers were then allocated to one of several categories devised following an earlier pilot study. When more than one response was given, the first answer was used in the subsequent data analysis. The answers to the main questions were examined for effects of social class and parity; we predicted that low social class and primiparity would be associated with lack of recognition of post-natal depression. For the purpose of the analysis, social class categories were based on current employment in the head of household, and subjects were allocated to one of three groups of approximately equal size: social classes 1 and 2; 3; and

4 and 5 plus currently unemployed.

Results

Table 1 shows the answers that women gave to the five main questions in the interview. Out of the 78 mothers in the sample, 76 (97%) reported that they had been feeling worse than usual but only 25 (32%) believed they were suffering from post-natal depression.

The most common explanations women gave as to how they were feeling were tiredness (25 responses, 33%) and problems with other family members, either a partner (13 responses, 17%), the baby (seven responses, 9%) or other children (five responses, 7%). A total of 29 women (55%) thought their symptoms were not bad enough to amount to depression.

Altogether, 51 subjects (65%) reported that they had spoken to someone about their symptoms, in 42 cases (54%) to family or friends. Only nine women (12%) had spoken to a health professional about how they felt; only three (4%) had informed their general practitioner. In all, 63 women (81%) said they would not consider pharmacological treatments; for example, antidepressants. Out of these subjects, 32 (51%) gave as their reason that the depression would resolve without drug treatment; 12 (19%) were afraid of addiction.

There was no effect of social class or parity on responses to questions 1, 3, 4 and 5. There was a significant effect of social class on question 2 ($\chi^2 = 8.27$, $df = 3$, $P < 0.05$). Although only 32% of all subjects recognized that they had post-natal depression, the figure was lower in social classes 1 and 2 (26%) and in social class 3 (10%), and higher in social classes 4 and 5 (50%) and in those currently unemployed (46%). There was also a significant effect of parity on question 2; primiparous women were less likely (15%) to recognize that they were suffering from post-natal depression ($\chi^2 = 5.6$, $df = 1$, $P < 0.02$).

Discussion

The results suggest that, if post-natal depression is to be more readily treated, women themselves need to be more able to recognize its presence and be prepared to seek treatment. This is especially so for primiparous women who appear less likely to recognize their symptoms, presumably because multiparous women are able to compare how they feel with a previous experience of childbirth. Contrary to our prediction, women of higher social class were less likely to attribute their symptoms to post-natal depression.

Antenatal education is one way in which increased recognition could be achieved. Post-natal screening for depression should take place routinely to help identify the large numbers of depressed women who are otherwise undetected. The findings also suggest that women are reluctant to accept drug treatment for their symptoms. Antenatal education may improve women's understanding and acceptance of available treatments. Given that no published study has shown any one treatment to be more effective than the alternatives, the acceptability of a treatment may be the main reason for its use, and may also determine compliance.

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Table 1. Depressed women's responses to questions concerning attitudes about their symptoms.

	Yes	No
Do you think you have been feeling worse than usual recently? (n = 78)	76 (97%)	2 (3%)
Do you think that you are suffering from post-natal depression? (n = 78)	25 (32%)	53 (68%)
Have you spoken to anyone about how you are feeling? (n = 78)	51 (65%)	27 (35%)
Would you consider psychological treatment? (n = 77)	47 (60%)	30 (40%)
Would you consider pharmacological treatment? (n = 78)	15 (19%)	63 (81%)

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