

Depression prevention groups at maternity clinics

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Background

- **Enhancing competence in mental health among those working at maternity and child welfare clinics is a means to promote the population's mental health**
- **Children of parents suffering from depression face a risk of contracting depression in their adolescence**
- **The critical development stages of children shall be protected by using early interventions among depressed parents and their children**
- **Depressed parents have usually missing parenthood and need more support than other parents**

Aims and Methods

■ Aim

- To pilote a cognitive-behavioral based, nurse lead groups for early recognition and treatment of depressed mothers

■ Methods

- Systematic EPDS (Edinburgh Postnatal Depression scale)-screening to all mothers with 2-4 months babies
- Mothers scoring 13 or more were referenced to preventive depression groups, targeted at high-risk mothers or pregnant women
- Each group consisted of 4-7 mothers and babies
- 8-10 meetings at one-week intervals led by maternity nurses



Intervention

- **The interaction between mother and baby as well as parenthood was supported by nurses**
- **After three months there was one follow-up meeting**
- **The groups were based on the theory behind cognitive-behavioral psychotherapy**
- **Mothers were offered possibility to find tools to manage stressful life and copy better ways of perceiving themselves and reacting to other people**
- **They also learn to act in ways that support their physical and mental stamina**
- **Fathers were offered possibility to participate twice, before and after the group**



Evaluation

- 47 mothers who participated in the groups and were followed up approximately one and half year
- Phone interviewed
- They were asked what kind of ways of coping they had now and how they are feeling nowadays
- Each participant had at least one risk factor



Preliminary results

- **EPDS scored decreased for most of the mothers**
- **Remained low during the 18-month follow-up**
- **Mothers learned self-help methods:**
 - **positive thinking**
 - **social contacts and peer support**
 - **physical exercise**
- **Mood diary and “ABCD method” not so frequently used**
- **Mothers received support from their spouses, but experienced need for more emotional support**



Conclusions

- **Groups can be easily held at maternity clinics and integrated into normal clinical work**
- **The group leading carry out the possibility psychiatric nurse carrying out their preventive mental health work at maternity clinics**

THANK YOU VERY MUCH!
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