


Healthcare Professionals' Perceptions of Factors That Could Inform Adherence Interventions for Postnatal Depression Treatments

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ABSTRACT

Interventions for postnatal depression (PND) have been widely researched, but little is known about techniques to improve poor adherence to treatment and sustained outcomes. To explore healthcare professionals' experience, a semi-structured interview comprising of six experienced healthcare practitioners was conducted. The use of adjunct support, combining multiple interventions, and self-management could be used to improve adherence behaviour. When women can notice the effect of treatment, it builds a positive attitude toward treatment adherence. One barrier to seeking treatment was linked to trust and fear. Easy accessibility is an important factor that could facilitate adherence. This study provides a good basis for exploring professionals' perception of techniques that could facilitate adherence to PND prescribed treatments, informed by an empirically validated theory. The findings from this study could inform the requirements of treatment adherence intervention for women with PND.

KEYWORDS

Additional Postnatal Depression Treatment, Adherence to Postnatal Depression Treatment, Postnatal Depression, Postnatal Depression Treatment, Sustained Treatment Outcome, Treatment Adherence

1. INTRODUCTION

Postnatal Depression [PND] is a mental disorder of significant public health concern. Previous studies report that 13% of women having babies suffer from PND (Glover, Onozawa, & Hodgkinson, 2002; O'Mahen et al., 2014). It is one of the leading causes of maternal morbidity and mortality (Shefaly et al., 2019). PND can make individuals feel lonely, anxious, and afraid, putting them and their families in danger. It has well-documented health consequences for the mother, child and her family (Dennis

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& Chung-Lee, 2006; Dennis et al., 2012). Children of moms with PND have a higher chance of developing mental health problems during adolescence (Milgrom et al., 2021).

Several effective interventions for PND have emerged in recent years (Huang et al., 2018; Kaltenthaler et al., 2008; Morrell, 2006; Proudfoot et al., 2004; Torous, Friedman & Keshavan, 2014; Yonkers et al., 2008; Nisris, Reebye, Corral & Mills, 2004; Hoffbrand, Howard, Crawley, 2001). A primary concern, however, is that only very few women with PND consistently comply with using treatments provided to them (Goodman, Tyer-Viola, 2010; Thombs et al., 2015). A growing body of literature recognises the importance of adherence to PND treatment intervention. Adherence refers to the extent to which a patient follows a prespecified treatment regimen or protocol (Vandenberk, et al., 2019). Research confirms that non-adherence to treatment is a significant problem. It is estimated that one out of every three depressed patients does not complete their prescribed treatment (Pampallona et al., 2002). In addition, due to barriers, receiving treatment for PND and sustaining it over the long term has been proven to be very difficult. Obstacles could include difficulties with newborn feeding demands and napping schedules, making it difficult to keep regular treatment schedules (O'Mahen et al., 2015).

Non-adherence has been identified as a critical factor impeding increased treatment outcomes for PND (Cuijpers et al., 2008; De Graaf et al., 2009; Dennis & Chung-Lee, 2006; Gonzalez et al., 2005; Omisade et al., 2020; Pampallona et al., 2002). This can increase the cost of service in financial terms and in the investment of time and effort. Therefore, interventions are needed to overcome the barriers to treatment adherence, sustained outcome and overall, the poor well-being of women with PND. Unfortunately, to the best of our knowledge, no research has examined the techniques to improve the quality of adherence to PND-prescribed treatments to date.

1.1 The rationale for the proposed study approach

Research suggests that intervention strategies based on empirically validated theories are potentially more effective in changing health behaviours because they can explain how the intervention works (Michie & Abraham, 2004). Similarly, an intervention should have a sound theoretical basis, allowing the appropriate determinants of behaviour change to be targeted and effective intervention techniques to be identified (Williams et al., 2015). The Theory of Planned Behaviour (TPB) is one of the most widely recognised and employed theories in behaviour change studies (Ajzen, 2011). This theory suggests that people's attitudes towards a behaviour (*behavioural belief, outcome evaluation*), subjective norms (*normative beliefs, motivation to comply*), and perceived behavioural control (*control, belief*) leads to the formation of a behavioural intention, thus the likelihood of performing a behaviour. Furthermore, as a general rule, the more favourable the attitude or subjective norm, and the greater the perceived behavioural control, the stronger should be the person's intention to perform the behaviour (Ajzen, 2011). Previous studies have identified women's attitudes and beliefs toward PND intervention (Omisade, Good, Fitch & Briggs, 2018a, 2018b). However, we assume that the healthcare professional (subjective norms) are significant and could significantly influence techniques and women's decision to adhere to prescribed PND treatments.

2. METHOD

Full ethical approval was obtained from the faculty of technology ethics committee of the University of Portsmouth (Ref: OO2). This qualitative study has three aims: to explore healthcare professionals' experience supporting women suffering from PND. It explored the information, interventions and techniques professionals share with depressed women to ensure treatment adherence. This study also identified the factors that facilitate adherence and those that could be considered to inform the development of PND treatment adherence interventions.

Interviews are appropriate for gathering in-depth information on people's opinions, experiences and feelings (Gubrium & Holstein, 2001). Semi-structured interviews enabled professionals to express themselves and convey their experiences and interpretations, thus facilitating rapport and addressing

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